

CATHOLIC MUTUAL GROUP
AUTO LOSS NOTICE

DATE: _____

DATE OF LOSS: _____ DATE REPORTED: _____ CLAIM NO: _____

VEHICLE OWNER: _____ PHONE #: _____

ADDRESS: _____

LOCATION OF ACCIDENT: _____

AUTHORITY CONTACTED: _____

DESCRIPTION OF ACCIDENT:

VEHICLE YEAR, MAKE, MODEL: _____ VIN: _____

PLATE NO: _____

DRIVER'S NAME: _____ PHONE #: _____

ADDRESS: _____

RELATION TO INSURED: _____ D/L#: _____

PURPOSE OF USE: _____

VEHICLE DAMAGE: _____

ESTIMATE AMOUNT: \$ _____

WHERE VEHICLE CAN BE SEEN: _____

OTHER VEHICLE OR PROPERTY: _____

VEHICLE YEAR, MAKE, MODEL: _____ VIN: _____

PLATE NO: _____

OWNER INFORMATION:

DRIVER INFORMATION: _____

OTHER INSURANCE INFORMATION: _____

VEHICLE DAMAGE:

ESTIMATE AMOUNT: \$ _____

WHERE VEHICLE CAN BE SEEN: _____

PROPERTY DAMAGE RESERVE: \$ _____

COMMENTS ABOUT OTHER PROPERTY DAMAGE:

BODILY INJURY AND/OR MED PAY

INSURED'S CAR: _____

RESERVE: \$ _____

OTHER VEHICLE: _____

RESERVE: \$ _____

ADDITIONAL INFORMATION:

CLAIM NOTES:
