

# NOTICE OF AUTOMOBILE LOSS

TO: GRAHAM-NAYLOR AGENCY, INC.

DATE: \_\_\_\_\_

ATTENTION:

# PAGES TO FOLLOW: \_\_\_\_\_

FAX NUMBER: **770-988-8347**

INSURED:

DATE OF LOSS:

LOCATION OF LOSS:

POLICE DEPT:

ANY CHARGES/CITATIONS:

## INSURED INFORMATION

INSURED DRIVER:

INSURED VEHICLE:

YEAR

MAKE

MODEL

VEHICLE ID #:

DESCRIBE DAMAGE:

DESCRIPTION OF LOSS:

## CLAIMANT INFORMATION

DESCRIPTION OF OTHER (Claimant's) VEHICLE:

YEAR

MAKE

MODEL

DESCRIBE ANY INJURIES:

NONE KNOWN

CLAIMANT NAME:

CLAIMANT ADDRESS:

CLAIMANT PHONE NUMBER:

W ( )

H ( )

WITNESSES / ADDITIONAL REMARKS:

REPORTED BY: