

AUTOMOBILE LOSS NOTICE

DATE REPORTED _____	POLICY/PLAN RM 03-012	DATE AND TIME OF LOSS <input type="checkbox"/> AM <input type="checkbox"/> PM	DRIVER'S SUPERVISOR'S NAME _____
NAME AND ADDRESS OF DEPARTMENT AT UNIVERSITY OF VIRGINIA _____		AGENCY 207	DRIVER'S SUPERVISOR'S PHONE # _____
		AGENCY PHONE AND FAX _____	AGENCY CONTACT _____
LOCATION OF ACCIDENT (STREET, CITY, COUNTY, STATE) _____		POLICE NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT _____
ACCIDENT DESCRIPTION _____		OFFICER _____	OFFICER PHONE _____
		CHARGES, VIOLATIONS _____	

STATE INFORMATION (DRIVER AND VEHICLE USED FOR STATE BUSINESS)

INSURED VEHICLE (YEAR, MAKE, MODEL) _____	VIN _____	PLATE NUMBER _____
OWNERS NAME AND ADDRESS _____	<input type="checkbox"/> AGENCY OWNED <input type="checkbox"/> EMPLOYEE VEH	<input type="checkbox"/> LEASED TO AGENCY <input type="checkbox"/> RENTED VEH
DRIVERS NAME AND ADDRESS _____	USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO	SEATBELT <input type="checkbox"/> YES <input type="checkbox"/> NO
INSURED VEH LOCATION (IF: NOT DRIVABLE) _____	DRIVERS LICENSE # _____	DATE OF HIRE AT UVA _____
	DAMAGE _____	ESTIMATE AMOUNT _____

CLAIMANT INFORMATION (OTHER VEHICLE INVOLVED)

PROPERTY DAMAGE (IF AUTO: YEAR, MAKE, MODEL) _____	PLATE NUMBER _____	INSURANCE CO. AND POLICY NO. _____
DRIVERS NAME AND ADDRESS _____	RESIDENCE PHONE _____	BUSINESS PHONE _____
OWNERS NAME AND ADDRESS _____	RESIDENCE PHONE _____	BUSINESS PHONE _____
DAMAGE _____	DRIVABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATE AMOUNT _____
VEH LOCATION (IF NON DRIVABLE) _____		VEH LOCATION (IF NON DRIVABLE) _____
INJURED NAME AND ADDRESS _____	PHONE _____	INJURY _____
DOCTOR/ HOSPITAL _____		DOCTOR/ HOSPITAL _____
WITNESSES NAME AND ADDRESS _____		PHONE _____
REMARKS _____		
REPORTED BY _____	SIGNATURE _____	PHONE _____