



**AUTO LOSS NOTICE**

INSURED \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_  
LOCATION OF ACCIDENT \_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURED DRIVER NAME \_\_\_\_\_

YEAR, MAKE, MODEL OF INSURED VEHICLE \_\_\_\_\_  
VEHICLE ID NUMBER \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_  
DESCRIBE DAMAGE TO INSURED VEHICLE \_\_\_\_\_

POLICE DEPARTMENT RESPONDING \_\_\_\_\_

**OTHER VEHICLE**  
OWNER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DRIVER'S NAME \_\_\_\_\_

YEAR, MAKE, MODEL, PLATE NUMBER  
DESCRIBE DAMAGE TO OTHER VEHICLE \_\_\_\_\_  
INSURANCE INFORMATION \_\_\_\_\_

**MISCELLANEOUS**  
IDENTIFY INJURED PARTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IDENTIFY WITNESSES:  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

ATTACH A COPY OF POLICE REPORT AND DRIVER'S STATEMENT IF AVAILABLE.

**NOTE:** Please submit to [CLAIMS@wrightinsurance.com](mailto:CLAIMS@wrightinsurance.com) or FAX: (516) 222-5392