MOYLAN'S

◯ Auto ◯ Other Liability Accident Notice

PRODUCER

1 PRODUCER, ADDRESS & PHONE | (FOR COMPANY USE) | CLAIM NO. | COMPANY

2 PRODUCER CODE | PREVIOUSLY REPORTED? ◯ YES ◯ NO

3 FULL POLICY NUMBER (including symbols) | POLICY DATE | MISCELLANEOUS INFORMATION (Site & location codes, etc.)

INSURED

4 FULL NAME(S) AS APPEARS ON POLICY | SPECIAL I.D. OR SOCIAL SECURITY NO.

5 ADDRESS | ZIP | RESIDENCE PHONE | BUSINESS PHONE

6 WHERE CAN INJURED BE CONTACTED? | WHEN?

ACCIDENT

7 DATE & TIME OF ACCIDENT OR LOSS ◯ A.M. ◯ P.M. | LOCATION OF ACCIDENT (including city & state) | POLICE DEPT. TO WHOM REPORTED

8 DESCRIPTION OF ACCIDENT OR LOSS (use reverse, if necessary)

POLICY

9 BODY INJURY | PROPERTY DAMAGE | SINGLE LIMIT | MEDICAL PAYMENTS | COMP./DED. | COLLISION/DED. | OTHER/DED.

10 LOSS PAYEE (if none, so indicate) | OTHER COVERAGES (No fault, towing, UM, Product Liability. etc.)

INSURED VEHICLE

11 VEHICLE NO. | YEAR | MAKE | MODEL | V.I.N. (Vehicle Identification No.) | PLATE NUMBER | OTHER INSURANCE ◯ YES ◯ NO

12 NAME OF OWNER (Check if same as policyholder). ☐ Same | ADDRESS (Check if same as policyholder). ☐ Same | PHONE

13 NAME OF DRIVER (Check if same as policyholder). ☐ Same | AGE | ADDRESS (Check if same as policyholder). ☐ Same | PHONE

14 RELATION TO INSURED (Employee, Family etc.) | DATE OF BIRTH | DRIVERS LICENSE NUMBER | PURPOSE OF USE | USED WITH PERMISSION ◯ YES ◯ NO

15 DESCRIBE DAMAGE | REPAIR ESTIMATE | WHERE CAN BE SEEN? | WHEN?

PROPERTY DAMAGE

16 OWNER | ADDRESS | PHONE

17 OTHER DRIVER (Check if the same as owner) ☐ Same | ADDRESS | PHONE

18 DESCRIBE PROPERTY (If Auto, Make, Year, Plate No.) | OTHER CAR OR PROPERTY INSURED ◯ YES ◯ NO | COMPANY OR AGENCY NAME | POLICY NUMBER

19 DESCRIBE DAMAGE | REPAIR ESTIMATE | WHERE CAN CAR BE SEEN? | AGE | INSURED VEHICLE | OTHER VEHICLE | PED.

INJURED

20 NAME (Include all injured passengers) | ADDRESS | PHONE | EXTENT OF INJURY | | | | |

CLAIMANT

21 OCCUPATION | EMPLOYED BY | RELATION TO INSURED (Employer, Family etc.)

22 PROBABLE DISABILITY WEEKS | RETURNED TO WORK ☐ YES ☐ NO | WHY ON PREMISES? | INSURED VEHICLE | OTHER VEHICLE | OTHER

WITNESS

23 NAME (Include all uninjured passengers) | ADDRESS | PHONE | | | |

25 REMARKS

DATE	REPORTED BY	REPORTED TO	SIGNATURE (Producer, Insured or Driver)