

AUTOMOBILE LOSS NOTICE

Fax To: ORWAAG - 866-375-9898		Today's Date:	
		Date of Accident:	
ORWAAG Member Name:			
Address:		City:	State: Zip:
Contact Name:		Telephone:	
Location of Accident: (include City & State)			
Description of Accident:			

INSURED VEHICLE

Year:	Make:	Model:	VIN:
Driver's Name & Address:		Home Telephone:	
		Work Telephone:	
Vehicle used with permission?		YES	NO
Describe Damage:		Where can vehicle be seen?	

OTHER VEHICLE

Year:	Make:	Model:	VIN:
Owner's Name & Address:		Home Telephone:	
		Work Telephone:	
Driver's Name & Address:		Home Telephone:	
		Work Telephone:	
Describe Damage:		Where can vehicle be seen?	

INJURED

Name and Address	Phone (A/C, No.)	Age	Extent of Injury

WITNESSES OR PASSENGERS

Name and Address	Phone (A/C, No.)	Other (Specify

REMARKS

REPORTED BY	REPORTED TO	SIGNATURE OF MEMBER
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