



ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA AUTOMOBILE LOSS NOTICE

DATE (Mo./Day/Yr.)

PRODUCER	PHONE (A/C, No, Ext):	INSURANCE COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
		POLICY NUMBER		REFERENCE NUMBER	CAT #		
AGENCY CODE:	PRODUCER ID #:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	AM	PREVIOUSLY REPORTED	
AGENCY CUSTOMER ID:					PM	YES	NO

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS			NAME AND ADDRESS		
RESIDENCE PHONE (A/C, No)			BUSINESS PHONE (A/C, No, Ext)		WHERE TO CONTACT
					WHEN TO CONTACT

LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

POLICY INFORMATION							
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	UIM	COMPREHENSIVE	NOTE: FULL SAFETY GLASS COVERAGE IS PROVIDED BY THE PLAN; THERE IS NO DEDUCTIBLE TO REPAIR OR REPLACE SAFETY GLASS.	
LOSS PAYEE				UM PD DED	COLLISION DED		
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/ DED

INSURED VEHICLE									
VEH #	YEAR	MAKE:	BODY TYPE:		PLATE NUMBER	STATE			
		MODEL:	V.I.N.:						
OWNER'S NAME & ADDRESS					RESIDENCE PHONE (A/C, No):				
DRIVER'S NAME & ADDRESS					BUSINESS PHONE (A/C, No, Ext):				
(Check if same as owner)					RESIDENCE PHONE (A/C, No):				
RELATION TO INSURED (Employee, family, etc.)					BUSINESS PHONE (A/C, No, Ext):				
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE		USED WITH PERMISSION?				
					YES NO				
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE					

PROPERTY DAMAGED			
DESCRIBE PROPERTY (If auto, year, make, model, plate #)	OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME:	
	YES NO	POLICY #:	
OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No):		
OTHER DRIVER'S NAME & ADDRESS	BUSINESS PHONE (A/C, No, Ext):		
(Check if same as owner)	RESIDENCE PHONE (A/C, No):		
	BUSINESS PHONE (A/C, No, Ext):		
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?	

INJURED						
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS				
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

REMARKS (Include adjuster assigned)			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER