



P.O. Box 4439 Sandy, UT 84091-4439  
 8722 South Harrison Street Sandy, UT 84070  
 Main Line 877-585-2849  
 Toll Free FAX Line 877-452-6909  
 24-Hr. Claim Reporting 877-243-8182  
[CDA@primeis.com](mailto:CDA@primeis.com)

## Automobile Loss Notice Form

### I. Information about the Insured

Name of Insured: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Insured's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone number: (     ) \_\_\_\_\_ Best time to contact: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Effective Date of Policy: \_\_\_\_\_

### II. Information about the Loss

Date of Accident: \_\_\_\_\_  
 Time of Day: \_\_\_\_\_ AM or PM (please circle one)  
 Address of Accident (include city and state): \_\_\_\_\_  
 \_\_\_\_\_  
 Description of Accident (Use reverse if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Police or Fire Department to which you reported: \_\_\_\_\_  
 Report, Case or File Number: \_\_\_\_\_

Enclose a copy of the police report.

Violations or Citations issued:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

### III. Property Damage to the Other Vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Body Type: \_\_\_\_\_ Year: \_\_\_\_\_  
 Vehicle Identification Number (VIN): \_\_\_\_\_  
 Owner's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Residential Phone Number: (     ) \_\_\_\_\_  
 Business Phone Number: (     ) \_\_\_\_\_

Driver's Name and Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Phone Number: (        ) \_\_\_\_\_

Damage/Estimate: \_\_\_\_\_

**IV. Property Damage to the Insured's Vehicle**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Body Type: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Phone Number: (        ) \_\_\_\_\_

Business Phone Number: (        ) \_\_\_\_\_

Driver's Name/Relation to Insured: \_\_\_\_\_

Driver's Address: \_\_\_\_\_  
\_\_\_\_\_

Driver's Phone Number: (        ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Used with Permission?     Yes     No

Describe Damage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the vehicle now? \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

Other information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Injured**

1. List all Injured:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

2. Names of Witnesses or Passengers and their remarks. (Use reverse if necessary).

Passenger/Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Passenger/Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_