



AUTO LOSS REPORT FORM

POLICY NO. DATE OF LOSS / / DAY MONTH YEAR

NAME ADDRESS

CITY/TOWN POSTAL CODE

HOME CELL BUSINESS

EMAIL

NAME OF OPERATOR Relationship to Insured

VEHICLE YEAR MAKE MODEL

SERIAL NO. PLATE NO.

ACCIDENT LOCATION

DESCRIBE ACCIDENT

ESTIMATE OF LOSS

POLICE OCCURRENCE #

OTHER PARTY INVOLVED:

OWNER DRIVER

ADDRESS OF OWNER PLATE NO.

INSURER POLICY NO.

VEHICLE

THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ARE SUBMITTED AS A CLAIM UNDER THE SAID POLICY.

DATE SIGNATURE

***WE REQUIRE ONE WRITTEN REPAIR ESTIMATE FOR LOSSES LESS THAN THE SGI/MPI PLATE DEDUCTIBLE.**

ATTACHED:

- ONE WRITTEN REPAIR ESTIMATE
- REPAIR INVOICE
- SGI/MPI APPRAISAL FORM
- SGI/MPI PROOF OF LOSS - (ONLY REQUIRED IF YOUR VEHICLE IS A TOTAL LOSS OR YOU TAKE A CASH SETTLEMENT)