AUTOMOBILE LOSS NOTICE

This form must be completed and submitted to Carli Parker promptly following an Occurrence or Loss, or in any event within fifteen (15) days of the Occurrence or Loss. **Failure to fully complete this form may void coverage for the Loss. Please attach additional pages as necessary to fully respond to each request.**

Coverage Information

		Date
Effective Date	Expiration Date	Date and Time of Accident
Member District	Contact Name and Address	Telephone Number
		Fax Number
Location of Accident		
Description of Accident		
Authority Contacted	Police Report No.	Violation Citations Issued

Member Vehicle

	YR/MK/MODEL
	VIN
Driver's Name	Unit No.
	Is vehicle leased or financed? ____ Yes ____ No — If yes, provide name of leasing company or lienholder:
Driver's Address	Describe Damage
Home Phone	
Work Phone	
Cell Phone	
Driver's Date of Birth	Describe any prior damage
Driver's License No. and State	
Driver is _____ School District Employee _____ Other	Estimate Amounts / Where can vehicle be seen?

Passengers or Injured Persons in Member Vehicle

Name	Name	Name
Address	Address	Address
Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone
Work Phone	Work Phone	Work Phone
Date of Birth	Date of Birth	Date of Birth
Extent of Injury	Extent of Injury	Extent of Injury

Witnesses

Name	Address	Phone No. (Home/Cell/Work)

Other Vehicle

License Plate No.	VIN	YR/MK/MODEL/COLOR
Damage Description		
Estimate Amounts	Where Can Vehicle Be Seen?	

Other Vehicle Driver Information

Name and Address		Email
Home Phone	Work Phone	Cell Phone
Date of Birth	Driver's License No. and State	
Insurance Carrier/Company		Policy #
Is Other Vehicle Driver also the Owner? ____ Yes ____ No If no, please complete Other Vehicle Owner Information section below.		

Other Vehicle Owner Information (if different from ***Driver***)

Name and Address		Email
Home Phone	Work Phone	Cell Phone
Insurance Carrier/Company		Policy #

Passengers or Injured Persons in Other Vehicle

Name	Name	Name
Address	Address	Address
Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone
Work Phone	Work Phone	Work Phone
Email	Email	Email
Date of Birth	Date of Birth	Date of Birth
Extent of Injury	Extent of Injury	Extent of Injury

Other Property Damage

Please describe damage to any other property.		
Type of Property		Damage Description
Owner Name and Address		Was property located in Other Vehicle at time of accident? ___ Yes ___ No
Owner Home Phone:	Owner Work Phone:	Owner Cell Phone:
Owner Email:		

I affirm that the information contained in this report is true and accurate. I understand that failure to provide true and accurate information may be a basis for denial of benefits.

X ______________________________ ______________________________

Signature **Date**

Submit Completed Form to:

Carli Parker, Claims Adjuster
P.O. Box 97877
Raleigh, NC 27624-7877
Tel No. (919) 747-6682 Fax No. (919) 841-4315
Email: cparker@ncsba.org