



AUTOMOBILE LOSS NOTICE

This form must be completed and submitted to Carli Cole 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.**

ACCIDENT INFORMATION

Date reported to NCSBT _____ Date and Time of Accident _____
Member District Name _____
Contact Person _____ Phone No. _____
Address _____ Email _____
Location of Accident _____
Description of Accident _____

Law Enforcement Agency Contacted _____ Police Report No. _____
Violation Citations Issued [___ check here if none] _____

MEMBER VEHICLE INFORMATION

Year/Make/Model _____ VIN _____ Unit No. _____
Vehicle leased or financed? _____ Name of leasing co. or lienholder _____
Vehicle Damage (if any) [___ check here if no damage] _____

Describe any prior damage [___ check here if no prior damage] _____

Address at which vehicle can be seen _____
Driver Name _____ Driver Email _____
Driver Address _____
Driver Phone No. _____ Driver Alternate Phone No. _____
Driver Date of Birth _____ Driver License No. and State _____
Driver is _____

MEMBER VEHICLE PASSENGER INFORMATION (if more than 2, attach list with information requested below)

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____

WITNESSES (if more than 2, attach list with information requested below)

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____

OTHER VEHICLE INFORMATION (if more than 1, attach information requested below for additional vehicles)

Year/Make/Model _____ VIN _____ License Plate No. _____
Vehicle Damage _____

Driver Name _____ Driver Address _____
Driver Phone No. _____ No. is _____ Driver Alternate Phone No. _____ No. is _____
Driver Insurance Carrier _____ Driver Insurance Policy No. _____
Driver Email Address _____

If Other Vehicle Driver **does not** own the Other Vehicle, please provide the following information:

Owner Name _____ Owner Address _____
Owner Phone No. _____ No. is _____ Owner Alternate Phone No. _____ No. is _____

OTHER VEHICLE PASSENGERS OR OTHER INJURED PERSONS INFORMATION

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____
Individual is _____	Individual is _____

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____
Individual is _____	Individual is _____

OTHER PROPERTY DAMAGE (Property other than an Other Vehicle that was damaged by Member Vehicle)

Describe Other Property (i.e., fence, building) _____ Owner is _____
Describe damage to Other Property _____

If Other Vehicle Owner or Driver **does not** own the Other Property, please provide the following information:

Owner Name _____ Owner Address _____
Owner Phone No. _____ No. is _____ Owner Alternate Phone No. _____ No. is _____

Please attach a written statement from the Member Vehicle Driver and, if available, the police report.

Affirmation

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.

Signature

Date

SUBMIT COMPLETED AUTO LOSS NOTICE TO:

Carli Cole, Claims Adjuster
7208 Falls of Neuse Rd., Suite 301
Raleigh, NC 27615-3244
(919) 747-6682 (t) (919) 841-4315 (f)
[Email: ccole@ncsba.org](mailto:ccole@ncsba.org)