

INSURANCE LOSS NOTICE

STATE OF WEST VIRGINIA- BRIM

Instructions: For all losses complete sections 1, 2 & 3

For Auto losses -- also section 4

For Insured Property losses -- also section 5

(1) INSURED INFO: Name: _____ BRIM Cert.#: _____

Insured Address: _____

Insured Contact: _____ Phone Number: _____

Person with Detailed Knowledge on Loss: _____

How Do We Reach That Person? _____

(2) LOSS INFO: Date of Loss: _____ Time of Day: _____

Location: (Street address) _____

Description: _____

Investigated By: (Police, Fire, etc.) _____

Witnesses: NAME ADDRESS PHONE

1. _____

2. _____

(3) CLAIMANT INFO: use additional sheet(s) as necessary

Name _____ Home /Cell Phone #: _____

Address: _____ Work Phone #: _____

Email Address: _____

Description of Injury or Damage: _____

(4) AUTO INFO: use additional sheet(s) as necessary

<u>Insured Vehicle</u>			<u>Claimant Vehicle</u>		
Year ____	Make _____	Model _____	Year ____	Make _____	Model _____
VIN _____			VIN _____		

Driver _____	Driver _____
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Address _____	Address _____
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Phone: _____	License # _____	Phone: _____	License # _____
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Passengers _____	Passengers _____
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Estimate Amount \$ _____	Estimate Amount \$ _____
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(5) PROPERTY LOSS INFO: Loss Type: ()Fire ()Windstorm ()Burglary & Theft ()Fidelity
()Boiler & Machinery ()Vehicle ()Aircraft ()Other _____

SUBMITTED BY: _____ **DATE:** _____

Email Address: _____