

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.# (required) _____

Insured Address: _____

Insured Contact: _____ Phone Number (day): _____

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 #: _____

Date of Birth: _____ Social Security #: _____ Sex: _____

Description of Injury or Damage: _____

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

Insured Vehicle

Claimant Vehicle

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

VIN _____

VIN _____

Driver _____

Driver: _____

Address _____

Address: _____

Phone: _____ License # _____

Phone: _____ License # _____

Passengers _____

Passengers _____

Estimate Amount \$ _____

Estimate Amount \$ _____

(5) PROPERTY LOSS INFO: Loss Type: () Fire () Windstorm () Burglary & Theft () Fidelity
() Boiler & Machinery () Vehicle () Aircraft () Other _____

SUBMITTED BY: _____ **DATE:** _____