Notice of Loss

Policy	Holder:	Descripti	on of Inciden	t:	Rental V	ehicle:			
Policy name:		Date:	Time:	AM PM	Driver name:				
Policy number:		Street:			Driver address:				
Contact name:		City:	State:		Driver phone number:				
		Description:			Driver's license number				
Contact phone number	er:]			Driver date of birth:				
Contact email:		11			Driver email:				
		41			Relationship to Insured:				
When to contact:					Purpose of use: Used with Permission				
		-			Make:		Yes No		
Other Vehicle/P Driver name:	roperty Damaged:	¬ L			Body Type:	Year:			
		_	ner Vehicle:		Body Type.	i ear:			
Driver address:			Driver name:			VIN:			
Driver phone number	r:	Driver address:	Driver address:			Current location:			
Driver email:		Driver phone numb	Driver phone number:						
Make:	Model:	Driver email:			Is the vehicle drivable?	- I I I I I I I I I I I I I I I I I I I	No		
Body type:	Year:	Make:	Model:		Description of damage:)	•		
VIN:		Body type:	Year:		11				
License Plate Number	er:	VIN:			-				
Current location:		License Plate Numb	License Plate Number:						
Is the vehicle drivable? Yes No		Current location:	Commont location.						
Description of damag		Is the vehicle driva	ble? Yes	No					
		Description of dama		NO					
Iniure	ed Party:	<u>ا</u> لــــــــــــــــــــــــــــــــــــ	Witness:] Wit	ness:			
Name:		Name:			Name:				
Address:		Address:			Address:				
Phone number:		Phone number:			Phone number:				
Email:		Email:			Email:				
Description of injuries:		Other Pertinent Information:			Other Pertinent Information:				

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

5	Signature of Insured	Date	