

703 West Tudor Road, Suite 101 Anchorage, Alaska 99503

Phone (907) 771-5750 Fax (907) 561-6206

AUTO LOSS NOTIFICATION

Insured Information

Utility Name: _____

Contact Person: _____

Contact Phone No.: _____ Email: _____

Loss

Date of Loss: _____ Time: _____ AM PM

Location of Loss: _____

Responding Police or Fire Department: _____ Officer: _____

Case No.: _____

Description of Accident (*diagram on page 3*):

Driver Information

(Insured Vehicle = A) Vehicle No.: _____ VIN#: _____

Name: _____ Email: _____

Hm. Phone: _____ Cell Phone: _____ Wk. Phone: _____

Home Address: _____

Driver's License No.: _____ State: _____

Injuries to Driver: Yes No

Extent of Injuries:

Property Damage: Yes No

Damaged Property: Auto: Year: _____ Make: _____ Model: _____

Other: _____

Description of Damage:

Where is Property Now: _____

Passenger(s): Yes: Name(s): _____ No (*if no, skip to 'Other Driver'*)

Injuries to Passenger(s): Yes No

Extent of Injuries:

(Other Driver = B)

Name: _____ Email: _____

Hm. Phone: _____ Cell Phone: _____ Wk. Phone: _____

Home Address: _____

Driver's License No.: _____ State: _____

Injuries to Driver: Yes No

Extent of Injuries: _____

Property Damage: Yes No

Damaged Property: Auto: Year: _____ Make: _____ Model: _____

VIN: _____ License Plate Number: _____

Description of Damage: _____

Where is Property Now: _____

Injuries to Passenger(s): Yes No

Extent of Injuries: _____

Insurance Company: _____ Policy No.: _____

Phone: _____

Property Belongs To: Driver (if same as driver, skip to 5) Other than Driver (fill out owner's info)

Owner of Property: _____

Address: _____

Phone: _____

Witnesses

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Road/Weather Conditions

Check Type of Road Construction: Concrete Dirt Gravel Asphalt
 Other: _____

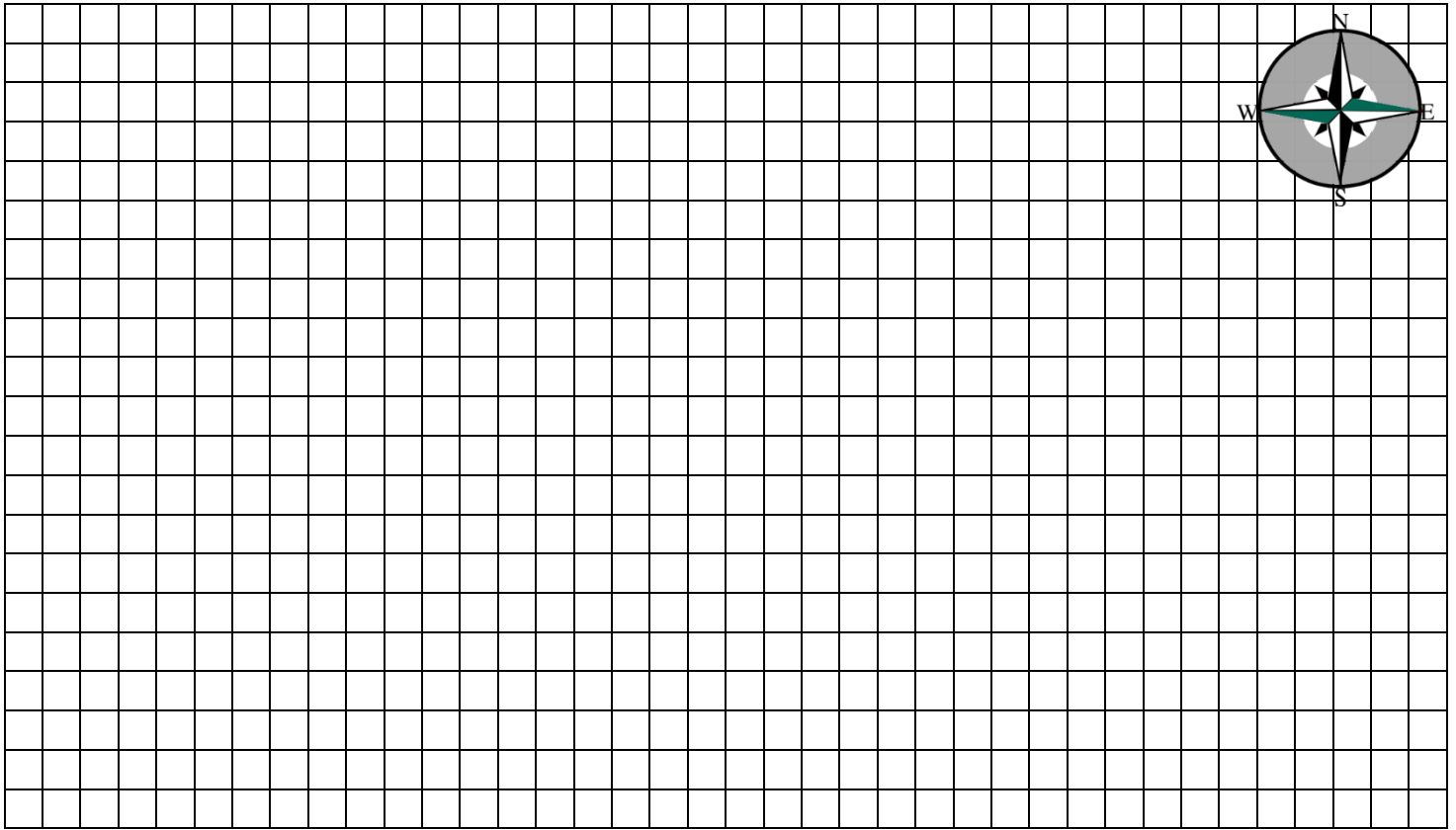
Check Condition of Weather: Clear Dark Foggy Rainy Snowy
 Other: _____

Check Condition of Street: Dry Icy Wet Snow Other: _____

Utility Management/Supervisor Investigation and Follow-up: _____

Please draw a diagram below showing position of your car (A) and other car (B) on the street at the moment of impact. Clearly identify the name of streets and intersections.

(Will Need to Print Form to Draw)



Alaska Statutes require that this notice be included on all claim report forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Reported By:

(Print Name)

(Signature, Title)

(Date)