

American Inter-Fidelity Exchange Automobile Loss Notice

Agency: _____

Date _____
 Company _____
 Policy No _____
 Eff. Date _____



Owner Name _____	Report # _____
Address _____	Officer Name _____
Phone _____	Date of Accident / Time _____
Cell _____	
Email _____	Location of accident _____

Driver Name _____	Same as Owner _____
Address _____	CDL License No. _____
Phone _____	State _____
Cell _____	Under Dispatch _____
Email _____	Birth date _____

Description of Accident

Describe Damage Towed

Insured Vehicle

Year _____	Model _____	Unit # _____
Make _____	Vin _____	
Plate _____ State ____	Current Location _____	

Claimant's Information

Owner Name _____	Year _____
Address _____	Make _____
Phone _____	Plate _____ State ____
Cell _____	Model _____
Email _____	Vin _____

Driver Name _____	Same as Owner _____
Address _____	CDL License No. _____
Phone _____	State _____
Cell _____	Under Dispatch _____
Email _____	Birth date _____

**American Inter-Fidelity Exchange
Automobile Loss Notice**

Describe Damage

Towed

Claimant's Insurance
Policy No.

Current location of Property

Injured

Name _____
Address _____
Phone _____
Cell _____
Injuries _____

Type

Injured

Name _____
Address _____
Phone _____
Cell _____
Injuries _____

Type

Witness

Address _____
Phone _____
Cell _____

Type

Witness

Address _____
Phone _____
Cell _____

Type

Remarks

Reported By _____

Date _____

Reported To _____

Date _____

**American Inter-Fidelity Exchange
Automobile Loss Notice**

Cargo Loss Notice

Shipper Information (name, address, contact number)

Consignee Information (name, address, contact number)

Description and Condition of Cargo

Location of Cargo

Equipment Owner

Remarks

Submit

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