



AUTOMOBILE LOSS NOTICE

ATTENTION: Summerly Nava / Claims Dept.
GROSSLIGHT INSURANCE, INC.
Phone #: 310-689-5327
Fax #: 310-235-0456
Email: summerly_nava@grosslight.com

Insured _____

Insured Contact Name & Phone # _____

Insured Contact Email Address: _____

Date of Loss: _____ Location of Loss: _____

Police report? Yes _____ No: _____ Agency: _____ Report# _____

Description/what happened? _____

Insured Vehicle: Year _____ Make _____ Model: _____

VIN: _____ Vehicle Color: _____

License Plate#: _____ State: _____

Insured Driver's Name: _____ Driver's Phone#: _____

Driver's Address: _____

Damage: _____ Estimate: _____

Is Vehicle drivable? Yes: _____ No: _____

Location of Vehicle: _____ Phone: _____

Any injuries in insured's vehicle?: Yes: _____ No: _____

Injured Name: _____ Phone#: _____



Injured Name: _____ Phone#: _____

Other Vehicle (Year, Make & Model): _____

License Plate# & State: _____ Color: _____

Driver's Name _____ Phone#: _____

Driver's Address: _____

Insurance Company: _____ Policy#: _____

Owner's Name (if different): _____ Phone#: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Damage: _____

Any injuries in other vehicle?: Yes: _____ No: _____

Injured Name: _____ Phone#: _____

Injured Name: _____ Phone#: _____

PASSENGERS - NAME & PHONE NUMBER

Insured's Vehicle: _____

Other
Vehicle: _____

INDEPENDENT WITNESSES

Name _____ Phone#: _____

Name _____ Phone#: _____



Completed by: _____ DATE _____

DIAGRAM: