	NOTICE OF LOSS	perty Liability					Other (Specify)										
	Insurance Company	y Number					Company Claim Number										
1	YYYYIMMIDDIYY	Y Y Y I M M   D D   Y Y Y Y   M M   D D   Y Y Y Y I									a.m. Kind of Loss p.m. Phone				Previously Reported To Company		
	Name of Agent/Broker						CO	ue(s)				FIIOIR					
1	Name									Languag	Language Spoken						
N S U	Address	Postal Code					dence	Phone		Business	Business Phone						
R E							dence	Dhone		(Ext.)	(Ext.) Business Phone						
D	Person To Contact					where or when				neodddineo i neile				(Ext.)			
COVERAG	Type of Policy/Form Number	Limits/Sum Insured							Deductibles Other								
Ē	Lienholder/Mortgagee Other Insurance	ienholder/Mortgagee Other Insurance															
Ιv	Year, Make, Model			V.I.N	. (Seria	l Number)				-		Plate No.					
N <sub>E</sub> S <sub>H</sub>	Ourse's Name & Address	Owner's Name & Address													Phone		
U I R C E L	Driver's Name & Address (If other th	Res				Residence Phone				Business Phone (Ext.)							
DΕ	Relation to Insured Age Driver's Licence Number					f Vehicle	Where	Can Ve	hicle E	Be Seen			Used With Permission	Yes	Is Car Driveab		
T H	Describe Property (If Auto; Year, Make, Model, Plate No.)  Describe Damage  Company or A											gent/Broker & Policy Number					
RD DA	Owner's Name & Address Postal Code									Residence Phone Business Phone (Ext.)							
H DAMAGE	Driver's Name & Address (If other than owner)  Postal Code					Residenc				hone		and and a second contraction of the second c	Business Phone				
H T Y	Name & Phone Number of Adjuster Company Claim												Numbe	er:			
I N J	Name & Address					Phone			Ped. Ins. Other Veh. Veh.			Age	ge Extent of Injury				
INJURED		<b>e</b>								VI 000000000000000000000000000000000000							
w	Postal Codame & Address					Phone			and the second s		Other Veh.	Other	er (Specify)				
T N E S S		Postal Code	<u>.</u>														
L O	Location			. 55121 0000					drvingsskaturingsvateriniskel	į.							
S S	Police/Fire Dept. To Whom Reported	Name Divisio					n i	Charg	ges Lai	d			encencentris.				
A C	Description of Loss/Damage		optanopapanonanananananan					ensensensensens			************						
CLDEXT																	
REMARKS						wascantom convenience of the con				90045 Elizano de marco de marc		•			e monta tras policina di Aldri Aldri (1800)		
	Name of Caller	Taken By			Date Tir			ne 🗌				ker/Company Use					
	Reported To	orted To Reported By				YIMMID	ne 🔲	a.m.									
	Adjuster	Adjuster's Claim Number															
	IFC 1601-1F (6/95)				Remarkable Source				The state of the s		Nagara e e e e e e e e e e e e e e e e e e				INFOF	RMCO INC	