



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

AGENCY Windfall Insurance Services, Inc. 2335 Roll Dr. #6 San Diego, CA 92154	PHONE (A/C, No, Ext): (619)661-0505	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)	
FAX (A/C, No): (619)661-0506	E-MAIL ADDRESS: windfallinsurance@cox.net	POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT #
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
AGENCY CUSTOMER ID:					PREVIOUSLY REPORTED <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>INSURED</b>		<b>CONTACT</b>		<input type="checkbox"/> CONTACT INSURED
NAME AND ADDRESS	SOC SEC # OR FEIN:	NAME AND ADDRESS	WHEN TO CONTACT:	WHERE TO CONTACT
RESIDENCE PHONE (A/C, No):		RESIDENCE PHONE (A/C, No):		
BUSINESS PHONE (A/C, No, Ext):		BUSINESS PHONE (A/C, No, Ext):		
CELL PHONE (A/C, No):		CELL PHONE (A/C, No):		
E-MAIL ADDRESS:		E-MAIL ADDRESS:		

<b>LOSS</b>	
LOCATION OF ACCIDENT (Include City & State)	AUTHORITY CONTACTED: REPORT #:
VIOLATIONS/CITATIONS	
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)	

<b>POLICY INFORMATION</b>						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGES & DEDUCTIBLES (UM, no-fault, towing, etc.)
LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC
						SIR/DED

<b>INSURED VEHICLE</b>						
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE	
		MODEL:	V.I.N.:			
OWNER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):			
			BUSINESS PHONE (A/C, No, Ext)			
DRIVER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):			
<input type="checkbox"/> (Check if same as owner)			BUSINESS PHONE (A/C, No, Ext)			
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIBE DAMAGE						
ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE			

PROPERTY DAMAGED

VEHICLE?  Yes  No

Yr:

Make:

Model:

Plate #:

DESCRIBE PROPERTY (Other than vehicle)		OTHER VEH/PROP INS? <input type="checkbox"/> Yes <input type="checkbox"/> No		COMPANY OR AGENCY NAME:	
				POLICY #:	
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):	
				BUSINESS PHONE (A/C, No, Ext)	
OTHER DRIVER'S NAME & ADDRESS  <input type="checkbox"/> (Check if same as owner)				RESIDENCE PHONE (A/C, No):	
				BUSINESS PHONE (A/C, No, Ext)	
DESCRIBE DAMAGE					
ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?			

**INJURED**

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**WITNESSES OR PASSENGERS**

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

REPORTED BY		REPORTED TO	
SIGNATURE OF INSURED	DATE (MM/DD/YY)	SIGNATURE OF PRODUCER	DATE (MM/DD/YY)

**REMARKS (Include Adjuster Assigned)**

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.