

JPA - AUTOMOBILE LOSS NOTICE

(OTHER THAN BUS)

DISTRICT	CONTACT NAME AND ADDRESS	WHERE TO CONTACT
		WHEN TO CONTACT
BUSINESS PHONE(A/C, No, Ext)	BUSINESS PHONE(A/C, No, Ext)	DATED TIME OF LOSS

LOSS		
LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED, REPORT #:	VIOLATIONS/CITATIONS (Yes/No, Cite #)
DESCRIPTION OF ACCIDENT (Use reverse side,if necessary)		

DISTRICT VEHICLE							
VEH#	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE		
		MODEL:	VIN #:				
OWNER'S (If other than district) 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="radio"/> YES <input type="radio"/> NO		
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?					

PROPERTY DAMAGE TO OTHER VEHICLE							
DESCRIBE PROPERTY	OTHER VEH/PROP INSURED? <input type="radio"/> YES <input type="radio"/> 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				RESIDENCE PHONE (A/C, No):			
<input type="checkbox"/> (Check if same as owner)				BUSINESS PHONE (A/C, No, Ext):			
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?					

INJURED							VEHICLE	
NAME & ADDRESS	PHONE (A/C, No)	PED	DIST	OTH	AGE	EXTENT OF INJURY		

WITNESSES OR PASSENGERS							VEHICLE	
NAME & ADDRESS	PHONE (A/C, No)	PED	DIST	OTH	OTHER (Specify)			

REMARKS		
REPORTED BY	REPORTED TO	SIGNATURE OF DISTRICT REPRESENTATIVE

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
California Insurance Frauds Prevention Act 1871.2