

T.H.E. INSURANCE Company

10451 Gulf Boulevard
Treasure Island, FL 33706
(727)367-6700

Fax (727)367-9103 or (727)360-7303

Producer _____

Policy No. _____

AUTOMOBILE AND PROPERTY LOSS NOTICE

(1) INSURED	Insured Name		Cell Phone	Business Phone
	Address		City	State Zip
	Email		Contact Person	Contact Phone
(2) ACCIDENT	Date & Time of Accident (mm/dd/yyyy)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
	Location of Accident			
	Description of Accident			
	Authority Contacted			
	Report Number			
(3) INSURED VEHICLE	Vehicle Number	Year	Make	Body Type
			Model	V.I.N.
	Owner's Name & Address			Residence Phone
				Business Phone
	Driver's Name & Address			Residence Phone
				Business Phone
Relationship to Insured		Date of Birth	Driver's License Number	State
Describe Damage		Estimate Amount	Where Can Vehicle Be Seen?	
(4) OTHER VEHICLE OR PROPERTY DAMAGE	Describe Vehicle or Property			
	Other Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name		Policy Number
	Driver or Property Owner Name & Address			Residence Phone
				Business Phone
Describe Damage		Estimate Amount	Where Can Vehicle Be Seen?	
(5) INJURED/ WITNESSES	Name & Address		Age	Phone No.
REPORT SUBMITTED BY	Name		Date	Position
				Phone

- IN CASE IF ACCIDENT!**
1. Remain calm.
 2. Fill out this form.
 3. Fax or mail to this address
 4. Serious injuries or death should be phoned in immediately
 5. **DO NOT ADMIT FAULT.** Do not discuss with anyone except police

ALL ACCIDENTS MUST BE REPORTED