

# Auto Accident Loss Assessment Form

## Policyholder Information

Full Name

Policy Number

Contact Number

Email

Address

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## Accident Details

Date of Accident

Time

Location

Description of Accident

Weather and Road Conditions

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## Vehicle Information

Make

Model

Year

License Plate

Damage Description

Estimated Repair Cost

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Other Parties Involved

Name

Contact Number

Vehicle Details

Insurance Info

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Witness Information

Name

Contact Number

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Signature

Signature

Date