

Auto Insurance Proof of Loss Form

Policy Information

Policyholder Name

Policy Number

Insurance Company

Vehicle Information

Make

Model

Year

VIN

License Plate Number

Loss Details

Date of Loss

Time of Loss

Location of Loss

Description of Loss

Police Report

Was the incident reported to police?

Report Number

Claim Amount

Estimated Amount of Loss

Certification

I certify that the above information is true and complete to the best of my knowledge.

Signature

Date