

Auto Insurance Proof of Loss Form

Policyholder Information

Full Name

Policy Number

Address

Phone Number

Vehicle Information

Make

Model

Year

VIN (Vehicle Identification Number)

License Plate Number

Loss Details

Date of Loss

Time of Loss

Location of Loss

Description of Loss

Cause of Loss

Police Report Number

Investigating Officer/Agency

Declaration

I certify the above statements are true and correct to the best of my knowledge.

Signature

Date