

# Automobile Loss Notice Instructions

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The Automobile Loss Notice is the mechanism used to inform IHL's insurance agent, Galloway-Chandler-McKinney Insurance Agency, that an auto collision has taken place involving a university vehicle. Once received, a file is established and additional information is gathered as needed. If the other parties involved choose to file an auto liability claim against the university, then the file and the information gathered are used to administer the claim. Since it is merely an internal notification device, there is no need to delay in completing it and sending to the insurance agent. Additional information such as police reports can be added to the file as they become available. The sooner an Auto Loss Notice is received, the more timely a potential claim can be handled to reduce costs, or defended.

## **Complete and send an Auto Loss Notice as soon as possible after a collision**

### Date (MM/DD/YYYY):

Enter the date that the form is completed.

### Date of Accident and Time:

xx/xx/xxxx Include time as indicated and check either a.m. or p.m.

### Contact Name and Address:

This is the University representative responsible for submitting all information to the insurance agent, Galloway-Chandler-McKinney. As a point of contact, this person should be able to answer follow up questions, or know who to refer them to. Include e-mail address and business phone as indicated.

### Location of Accident:

Be specific enough so someone could find it for additional investigation. Include city and state as indicated.

### Description of Accident:

Describe in enough detail so someone can visualize the general motions, impacts and severity. Do not describe as "I/V hit C/V".

### Authority Contacted:

Name any law enforcement agencies responding. This can be followed up later by the insurance agent, Galloway-Chandler-McKinney.

### Violations/Citations:

Ask the driver if anyone involved received a violation or citation. This will be followed up later by the insurance agent, Galloway-Chandler-McKinney.

## Insured Vehicle

VEH #:

Enter the university vehicle number as a reference.

Year:

Enter the year the university vehicle was built.

Make:

Enter the name of the company that made the university vehicle.

Model:

Enter the name the manufacturer has given to the university vehicle.

Body Type:

Examples are: coupe, sedan, station wagon, pick up truck, mini-van, full size van, flatbed truck, motor coach, etc.

V.I.N.:

Enter the vehicle identification number found on the vehicle (usually on dashboard near windshield).

Plate Number:

Enter the letters and numbers found on the license plate of the university vehicle.

Owner's Name & Address:

For all university vehicles on state inventories, the owner should be listed as:  
Board of Trustees of State Institutions of Higher Learning  
3825 Ridgewood Road  
Jackson, MS 39211

Driver's Name & Address:

Enter the name and address of the driver of the university employee.

Relation to Insured:

Employee

Date of Birth:

University driver's date of birth

Driver's License Number:

University driver's license number. List state of issue as indicated.

Purpose of Use:

Describe the reason the university vehicle was in use such as: to travel to research area, transport students, go to conference, haul farm equipment, etc. Answer the question of why the vehicle was at the location of the collision.

Used with Permission?:

Check "yes" or "no". This may be verified by driver's supervisor.

Describe Damage:

Use a few words to describe the damage to the university vehicle such as: dented right rear corner, broken tail light, vehicle rolled- crushed roof, etc. Use additional sheets if necessary.

Estimate Amount:

This is the university driver's best guess as to the repair cost. It is only used as a gauge to determine the severity of the collision, as is the description. DO NOT wait for a written estimate from a repair shop to complete and sent this report.

Where can vehicle be seen?:

If someone needed to inspect the university vehicle, where would you tell them to go? Name the departmental parking lot, motor pool or other location. If still in operation, list where the vehicle is normally located when not in use.

When can the vehicle be seen?:

List the hours the vehicle is likely to be in the above location. If university personnel must be present, limit the hours to normal working hours.

**Property Damaged**

Vehicle?

Check "yes" and/or "no". This portion describes damage to property not owned by the university. Collisions can be with many things other than other vehicles.

Describe Property (If auto, year make, model, plate #):

If another automobile was damaged, give enough information to identify the exact vehicle involved. Describe all property damaged (auto or other), use additional sheets in necessary.

Owner's Name & Address:

Give separate information for each owner of property damaged by university vehicle. Use additional sheets if necessary.

Other Vehicle/Property Insurance?:

Check "yes" or "no".

Company or Agency Name:

If "yes" was checked, list the name of the insurance company or agent that insures the other party. If the other party was at fault, this will be used to file a claim to recover the university's damages.

Policy #:

The number identifying the insurance policy that covers the other party. This will be needed to recover damages if applicable.

Describe Damage:

Use a few words to describe the damage to the other party's property. This will be compared to other party's statements to determine characteristics of potential claims.

Estimate Amount:

This is the university driver's best guess as to the value of the damage to the other party(s). It is initially used to gauge severity.

Where can damage be seen?:

If know, describe where someone should go to inspect the other party's damaged property.

**Injured**

Name and Address:

List names and addresses of everyone who was injured as a result of the collision, including university driver, passengers, and people in other vehicles or pedestrians.

Phone (A/C. No):

List phone numbers where each person can be reached. Include Area Code.

PED-INS VEH-OTH VEH:

Check for each person to indicate if they were a pedestrian, inside the insured (university) vehicle, or inside another vehicle.

Age:

Enter age of each person if known

Extent of Injury:

Describe anything you know regarding injuries to injured parties. Describe body part that is injured such as: "broken left wrist".

**Witnesses or Passengers**

Provide as much information as possible. Witnesses and passengers may need to be contacted in the future. Use additional sheets if necessary.

Reported By:

Name of person who completes the Auto Loss Notice.

Reported To:

Name of person to whom the report was submitted (at Insurance Agent's office).

Signature of Insured:

Signature of Producer:

Form is signed by the Insurance Agent.