CLAIMS PROCEDURES AMERICAN BANKERS

EMERGENCY AFTER HOURS HOTLINE: 800-245-1505

- 1. FILL OUT THE ATTACHED AUTOMOBILE LOSS NOTICE
- 2. FAX THE ACCORD CLAIMS FORM TO THE CLAIMS OFFICE 800-224-4170
- 3. FAX A COPY TO MORGA & MEDLIN 916-663-5634

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AGENCY							INSURED LOCATION CODE DATE OF L							ME	AN					
							CARRIER	₹						NAIC	CODE					
							POLICY NUM	MBER						90 90						
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PHONE (A/C, No.	. Ext):						POLICY TYP	E												
FAX (A/C, No E-MAIL ADDRES):																			
E-MAIL ADDRES	SS:																			
CODE:				SUBCODE:																
AGENCY	CUST	OMERID:																		
INSUF																				
NAME O	F INSU	RED (First, Mide	lle, Last)				INSURED'S I	MAILING	ADDRES	S										
DATE OF BIRTH FEIN (if applicable)			plicable)	MARITAL S																
PRIMARY HOME BUS CELL			BUS CELL	SECONDAP PHONE #	RY HOME BUS	CELL	PRIMARY E-	MAIL ADD	ORESS:											
_	The state of the s							SECONDARY E-MAIL ADDRESS:												
CONT	ACT		CONTACT IN	SURED																
NAME O	NAME OF CONTACT (First, Middle, Last)								CONTACT'S MAILING ADDRESS											
PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL																				
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LOSS	i i						SECONDAR	YE-MAIL.	A DD RES	SS:										
LOCATIO		oss							POLIC	CE OR FIRE DEPAR	TMENT CONT	TACTED								
STREET	:																			
CITY, STATE, ZIP:									REPO	RT NUMBER										
COUNTRY:																				
DESCRI	BE LOC	ATION OF LOS	S IF NOT AT SPEC	IFIC STREET	ADDRESS:															
					temarks Schedule, if more		,													
INSUF	RED V	/EHICLE				BODY						DIATE	NUMBI	-0	STATE					
VEN #	1 -	MAINE.				BODY TYPE:						FLATE	: NOM DE	-n	JINIE					
MODEL: V.I.N.: OWNER'S NAME AND ADDRESS (Check if same as insured)							PRIMARY PHONE #	□но	оме 🔲	BUS CELL	SECONDAP PHONE #	RY ☐ HO	ME 🗌	BUS] CELL					
							DDIMARY E MAII ADDRESS.													
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DRIVER'S NAME AND ADDRESS (Check if same as owner)							PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL] CELL					
							PRIMARY E-	MAIL ADD	ORESS:											
e.				E2			SECONDAR	YE-MAIL	ADDRES	SS:										
(Employ	ON TO I ee, fam	NSURED ily, etc.)	DATE OF	BIRTH DE	RIVER'S LICENSE NUMBE	R			STATE	PURPOSE OF USE			PI	USED ERMISSI	ON? (Y/N)					
DESCRI	BE DAN	AGE																		
1. WAS	S A ST	ANDARD CHI	LD PASSENGE	R RESTRAI	NT SYSTEM (CHILD S	EAT) INST	ALLED IN TH	E VEHIC	LEAT	THE TIME OF TH	IE ACCIDEN	NT?		Y/N						
2. WAS	S THE	CHILD PASS	ENGER RESTR	AINT SYSTE	M (CHILD SEAT) IN U	ISE BY A C	CHILD DURING THE TIME OF THE ACCIDENT?							Y/N						
The state of the state of the state of		STATES AND	THE RESIDENCE OF THE PARTY OF T	ACCOUNT OF THE SECOND	M (CHILD SEAT) SUST	AIN A LOS	S AT THE TI	ME OF T	HE AC	SAX I FAMILIA CONTROL MARKET IN VALUE OF THE PARTY.	degasti sanonenas e a			Y/N						
ESTIMAT				AN VEHICLE E	BE SEEN?:					WHEN CAN VEHIC	LE BE SEEN?	?:								
OTHERI	NSURA	NCE ON VEHIC	LE - CARRIER:			POLICY NUMBER:														

OTHER	VEHIC	LE / PRO	PERTY DAI	WAGED	NON - VEH	HOLE?	A.C	RENC	y custo	MERIC	t							
WHIT	YEAR	BLANCE:			13211 120	BODY TOPS									PLATE	NUMBER OF	er.	STATE
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CARRIER	OR ASSIS	CY NAME				NAC COOK	POLIC	YNUR	Part									
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OWNER'S NAME AND ADDRESS								98. 7 86. 7	MONE	6U S		BELL	PHO	W.F	HOME BUS GELL			
							PRINT	NR YEA	NAL ACCRE	99:								
								SECONDARY E-MAIL ADDRESS:										
DRIVERS NAME AND A DORESS (Check if same as owner)								PRELIXY HOME SUS COLL SECONDAY PHONE 2								E 🗆	surs [] cerr
								PRIMARY SHAN, A CORE SE:										
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