



# AUTOMOBILE LOSS NOTICE

This form must be completed and submitted to NCSBT promptly following an Occurrence or Loss, or in any event within fifteen (15) days of the Occurrence or Loss. If you have any questions about this form, please contact Melody Coons at [mcoons@ncsba.org](mailto:mcoons@ncsba.org) or 919-747-6684. **Failure to fully complete this form may void coverage for the Loss. Please attach additional pages as necessary to fully respond to each request.**

## ACCIDENT INFORMATION

Date reported to NCSBT \_\_\_\_\_ Date and Time of Accident \_\_\_\_\_  
Member District Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Location of Accident \_\_\_\_\_  
Description of Accident \_\_\_\_\_

Law Enforcement Agency Contacted \_\_\_\_\_ Police Report No. \_\_\_\_\_  
Violation Citations Issued [  check here if none ] \_\_\_\_\_

## MEMBER VEHICLE INFORMATION

Is the vehicle Owned or Non-Owned? \_\_\_\_\_ If non-owned, please describe: \_\_\_\_\_  
Year/Make/Model \_\_\_\_\_ VIN \_\_\_\_\_ Unit No. \_\_\_\_\_  
Vehicle leased or financed? \_\_\_\_\_ Name of leasing co. or lienholder \_\_\_\_\_  
Vehicle Damage (if any) [  check here if no damage ]

Describe any prior damage [  check here if no prior damage ]

Address at which vehicle can be seen \_\_\_\_\_  
Driver Name \_\_\_\_\_ Driver Email \_\_\_\_\_  
Driver Address \_\_\_\_\_  
Driver Phone No. \_\_\_\_\_ No. is \_\_\_\_\_ Driver Alternate Phone No. \_\_\_\_\_ No. is \_\_\_\_\_  
Driver Date of Birth \_\_\_\_\_ Driver License No. and State \_\_\_\_\_  
Driver is \_\_\_\_\_

## MEMBER VEHICLE PASSENGER INFORMATION (if more than 2, attach list with information requested below)

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____

## WITNESSES (if more than 2, attach list with information requested below)

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____

**OTHER VEHICLE INFORMATION** (if more than 1, attach information requested below for additional vehicles)

Year/Make/Model \_\_\_\_\_ VIN \_\_\_\_\_ License Plate No. \_\_\_\_\_

Vehicle Damage \_\_\_\_\_

Driver Name \_\_\_\_\_ Driver Email \_\_\_\_\_

Driver Address \_\_\_\_\_

Driver Phone No. \_\_\_\_\_ No. is \_\_\_\_\_ Driver Alternate Phone No. \_\_\_\_\_ No. is \_\_\_\_\_

Driver Insurance Carrier \_\_\_\_\_ Driver Insurance Policy No. \_\_\_\_\_

If Other Vehicle Driver **does not** own the Other Vehicle, please provide the following information:

Owner Name \_\_\_\_\_ Owner Address \_\_\_\_\_

Owner Phone No. \_\_\_\_\_ No. is \_\_\_\_\_ Owner Alternate Phone No. \_\_\_\_\_ No. is \_\_\_\_\_

**OTHER VEHICLE PASSENGERS OR OTHER PERSONS INFORMATION**

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____
Individual is _____	Individual is _____

Name _____	Name _____
Address _____	Address _____
Phone No. _____ No. is _____	Phone No. _____ No. is _____
Alternate Phone No. _____ No. is _____	Alternate Phone No. _____ No. is _____
Individual is _____	Individual is _____

**OTHER PROPERTY DAMAGE** (Property other than an Other Vehicle that was damaged by Member Vehicle)

Describe Other Property (i.e., fence, building) \_\_\_\_\_ Owner is \_\_\_\_\_

Describe damage to Other Property \_\_\_\_\_

If Other Vehicle Owner or Driver **does not** own the Other Property, please provide the following information:

Owner Name \_\_\_\_\_ Owner Address \_\_\_\_\_

Owner Phone No. \_\_\_\_\_ No. is \_\_\_\_\_ Owner Alternate Phone No. \_\_\_\_\_ No. is \_\_\_\_\_

Please attach a written statement from the Member Vehicle Driver and, if available, the police report.

Affirmation

I affirm that the information contained in this report is true and accurate. I understand that failure to provide true and accurate information may be a basis for denial of benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit completed Auto Loss Notice forms to: [claims@ncsba.org](mailto:claims@ncsba.org)