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AUTO LOSS NOTICE

INSURED _____
 CONTACT PERSON _____ PHONE _____
 DATE OF ACCIDENT _____ TIME _____
 LOCATION OF ACCIDENT _____

DESCRIPTION OF ACCIDENT _____

INSURED DRIVER NAME _____

YEAR, MAKE, MODEL OF INSURED VEHICLE _____
 VEHICLE ID NUMBER _____ PLATE NUMBER _____
 DESCRIBE DAMAGE TO INSURED VEHICLE _____

POLICE DEPARTMENT RESPONDING _____

OTHER VEHICLE

OWNER'S NAME _____
 ADDRESS _____
 DRIVER'S NAME _____

YEAR, MAKE, MODEL, PLATE NUMBER _____
 DESCRIBE DAMAGE TO OTHER VEHICLE _____
 INSURANCE INFORMATION _____

MISCELLANEOUS

IDENTIFY INJURED PARTIES _____

IDENTIFY WITNESSES:
 NAME _____ PHONE _____
 ADDRESS _____

ATTACH A COPY OF POLICE REPORT AND DRIVER'S STATEMENT IF AVAILABLE.

NOTE: Please submit to [WRMACLAIMS@wrightrisk.com](mailto:wрмаclaims@wrightrisk.com) or FAX: (516) 222-5392