



# Midwest Claims Service

24 Hour Telephone: 800-225-6561  
 FAX 248-371-3091  
 E-Mail [claims@midwestclaims.com](mailto:claims@midwestclaims.com)

## NOTICE OF:

CLAIM (Submitted for consideration of payment)

INCIDENT NOTICE (Record of purpose — may develop into claim)

INSURED		ADDRESS		CITY		PHONE ( )	
CONTACT PERSON		COUNTY		STATE		ZIP	
DEPARTMENT							
<b>COVERAGE INFORMATION</b>							
AGENT		POLICY TERM				POLICY NUMBER	
BODILY INJURY	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENTS	COMP./DED.	COLLISION/DED.	OTHER DED.	
LOSS PAYEE (if none, so indicate)			OTHER COVERAGES (No fault, Towing, UM, Liability, Property, etc.)				
<b>LOSS INFORMATION — DESCRIBE HOW LOSS OCCURRED:</b>							
REPORTED TO (POLICE OR FIRE DEPT.)						REPORT #	
LOCATION OF CLAIM/INCIDENT				DATE OF CLAIM/INCIDENT		TIME	DATE INSURED NOTIFIED
						<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
<b>INSURED VEHICLE—AUTO LOSS INFORMATION</b>							
VEH. NO.	YEAR, MAKE, MODEL			V.I.N. (VEHICLE IDENTIFICATION)			PLATE NO.
OWNER'S NAME & ADDRESS						PHONE (A/C, No., Ext.)	
DRIVER'S NAME					RESIDENCE PHONE (A/C No.)	BUSINESS PHONE (A/C, No., Ext.)	
DESCRIBE DAMAGE			DATE OF BIRTH	DRIVER'S LICENSE NUMBER		PURPOSE OF USE	
			ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?			
<b>INSURED PROPERTY LOSS INFORMATION</b>							
LOCATION OF LOSS				POLICE OR FIRE DEPT. TO WHICH REPORTED			
KIND OF LOSS (Fire, Wind, Explosion, Etc.)				PROBABLE AMOUNT ENTIRE LOSS			
DESCRIPTION OF LOSS & DAMAGE (Use reverse side, if necessary)							
<b>PROPERTY OF OTHERS- LOSS INFORMATION</b>							
DESCRIBE PROPERTY (If auto, year, make, model, plate no.)			OTHER VEH/PROP. INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME & POLICY NO.			
OWNER'S NAME & ADDRESS					BUSINESS PHONE (A/C, No., Ext.)	RESIDENCE PHONE (A/C, No.)	
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?				
<b>INJURED</b>							
NAME & ADDRESS				PHONE (A/C, No.)	PED	INS. VEH.	OTHER VEH.
							AGE
				EXTENT OF INJURY			
<b>WITNESSES</b>							
NAME & ADDRESS				BUSINESS PHONE (A/C, No., Ext.)		RESIDENCE PHONE (A/C, No.)	
REPORTED BY			SIGNATURE			DATE	

FORWARD THIS REPORT TO MIDWEST CLAIMS SERVICE, 1700 Opdyke Court, Auburn Hills, Michigan 48326. If a loss involves bodily injury or major property damage, please contact MIDWEST CLAIMS SERVICE at 1-800-225-6561. We will take the loss information from you and investigate as necessary. The information we will need will closely follow this form so you may use it as a guideline. If you do not have complete information, do not delay in reporting. Details will be determined during the investigation. PLEASE REPORT DIRECTLY AND PROMPTLY.