



HARFORD MUTUAL  
INSURANCE GROUP

## Automobile First Notice of Loss

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### GENERAL INFORMATION

Policyholder Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policyholder Email \_\_\_\_\_ Policyholder Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Name (if different than above) \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

### LOSS DETAILS

Loss Date (mm/dd/yy) \_\_\_\_\_ Loss Time \_\_\_\_\_ AM \_\_\_ PM

Address Where Loss Occured \_\_\_\_\_

Describe Location of Loss if Not at a Specific Street Address  
\_\_\_\_\_

Description of Accident

Police or Fire Department Contacted?  Yes  No

If Yes, Name of Police/Fire Department \_\_\_\_\_ Report # \_\_\_\_\_

### INSURED VEHICLE

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

VIN \_\_\_\_\_ Plate Number \_\_\_\_\_ State \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Passengers \_\_\_\_\_

Description of Damage

Vehicle Location \_\_\_\_\_

Injuries Reported?  Yes  No

Description of Injuries

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**CLAIMANT VEHICLE**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

VIN \_\_\_\_\_ Plate Number \_\_\_\_\_ State \_\_\_\_\_

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

Owner Email \_\_\_\_\_ Owner Phone \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Driver Name *(if different than above)* \_\_\_\_\_

Driver Email \_\_\_\_\_ Driver Phone \_\_\_\_\_

Passengers \_\_\_\_\_

Description of Damage

Vehicle Location \_\_\_\_\_

Injuries Reported?  Yes  No

Description of Injuries

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**WITNESSES**

Witness 1 Name \_\_\_\_\_

Witness Email \_\_\_\_\_ Witness Phone Number \_\_\_\_\_

Witness 2 Name \_\_\_\_\_

Witness Email \_\_\_\_\_ Witness Phone Number \_\_\_\_\_

Witness 3 Name \_\_\_\_\_

Witness Email \_\_\_\_\_ Witness Phone Number \_\_\_\_\_

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**ADDITIONAL INFORMATION**Agent \_\_\_\_\_ Date Reported *(mm/dd/yy)* \_\_\_\_\_Loss Reported By \_\_\_\_\_ Loss Reported To \_\_\_\_\_

Comments/Injuries (Severity/Instructions/Other Parties Involved)

***Submit any related documents and photos with form.***