



**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 (Record of purpose -may develop into claim)

INSURED		ADDRESS		CITY		PHONE	
CONTACT PERSON		EMAIL		COUNTY		STATE ZIP	
						DEPARTMENT	

**COVERAGE INFORMATION**

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.)				

**LOSS INFORMATION – DESCRIBE HOW LOSS OCCURRED:**

REPORTED TO (Police or Fire Department)		REPORT #	
LOCATION OF INCIDENT		DATE OF CLAIM/INCIDENT	
		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
		DATE INSURED NOTIFIED	

**INSURED VEHICLE- AUTO LOSS INFORMATION**

VEH NO	YEAR, MAKE, MODEL	V.I.N. (Vehicle Identification No.)	PLATE NO.
OWNER'S NAME & ADDRESS			PHONE (A/C, No., Ext.)
DRIVERS NAME		RESIDENCE PHONE (A/C, No., Ext.)	BUSINESS PHONE (A/C, No., Ext.)
DESCRIBE DAMAGE		DATE OF BIRTH	DRIVERS LICENSE NUMBER
		PURPOSE OF USE	
		ESTIMATE AMOUNT	WHERE CAN VEHILCE BE SEEN?

**INSURED PROPERTY LOSS INFORMATION**

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	

**PROPERTY OF OTHERS – LOSS INFORMATION**

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.)	RESIDENCE PHONE (A/C, No.)				
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?				
INJURED NAME & ADDRESS	PHONE (A/C, No.)	PED	INS. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WITNESS 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.