



MIDWEST CLAIMS SERVICE
24 Hour Telephone: 800-225-6561
FAX: 248-371-3091
E-Mail 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					
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 OF FIRE DEPARTMENT)						REPORT #							
LOCATION OF INCIDENT				DATE OF CLAIM/INCIDENT		TIME		DATE INSURED NOTIFIED					
						<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							
INSURED VEHICLE- AUTO LOSS INFORMATION													
VEH NO	YEAR, MAKE, MODEL			V.I.N. (VEHICLE IDENTIFICATION)				PLATE NO.					
OWNER'S NAME & ADDRESS							PHONE (A/C, NO.,EXT.)						
DRIVERS NAME				RESIDENCE PHONE (A/C No)			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. Ext.)			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"/>					
WITNESSES													
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.