

OKLAHOMA RURAL WATER ASSOCIATION ASSURANCE GROUP
AUTOMOBILE LOSS NOTICE

Email to: rreagan@orwa.org
or fax to: 866-375-9898

Today's Date:
Date of Accident:

ORWAAG Member Name:			
Address:	City:	State:	Zip:
Contact Name:	Telephone:		
Location of Accident: (include City & State)			

Description of Accident:

INSURED VEHICLE:

Year:	Make:	Model:	VIN:
Driver's Name & Address:		Home Telephone:	
		Work Telephone:	
Vehicle used with permission?		YES	NO
Describe Damage:		Where can vehicle be seen?	

OTHER VEHICLE:

Year:	Make:	Model:	VIN:
Owner's Name & Address:		Home Telephone:	
		Work Telephone:	
Driver's Name & Address:		Home Telephone:	
		Work Telephone:	
Describe Damage:		Where can vehicle be seen?	

INJURED:

Name and Address	Phone (with area code)	Age	Extent of Injury

WITNESSES OR PASSENGERS:

Name and Address	Phone (with area code)	Other (Specify)

REMARKS		
EMAIL ADDRESS	REPORTED BY	SIGNATURE OF MEMBER