

**OKLAHOMA RURAL WATER ASSOCIATION ASSURANCE GROUP  
AUTOMOBILE LOSS NOTICE**

Fax to: ORWAAG 866-375-9898  
or email to orwaag@gmail.com

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
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