First Notice of Loss Report

Client Name: Ally Garage Auto Dealers Contract Number: 2612

*Indicates a mandatory field that must be completed for claim to be accepted.
However, to best process your request, please provide as much information as possible.

Loss Type: Select One

*Date of Incident: _____ *Time of Incident: _____

Reporter Information

First Name: _____ Last Name: _____

Phone: _____ ext: _____ Email Address: _____

Insured Location Information

***Policy Number:** _____ ***Insured's Name**: _____

*Street Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone: _____ ext: _____ *Email Address: _____

*Is this the loss location? Yes ☐ No ☒

Loss Information

*Date Insured Notified: _____

Incident Location Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

*Incident Description:

Authority Information

Authority Name: _____ Phone: _____ ext: _____

Authority Report Number: _____

Damage Information

Was a customer owned vehicle involved in this incident? Select One

If yes, what type of incident involves the customer's vehicle? Select One

If customer vehicle, was the vehicle in the care of the dealership at the time of the incident? Select One

Does this loss involve a minor? Select One

Damage Description (for Auto related damages, include Year/Make/Model of vehicles):

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Other Insurance Information

Carrier: _____ Phone : _____

Claim Number: _____

Involved/Injured Party Information

First Name: _____ Last Name: _____

Phone: _____ ext: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Insured: Select One

Injury Information

Injury Description: _____

Cause: _____ Body Part: _____

Medical Treatment

Admitted to Hospital? Yes ☐ No ☐

Hospital / Clinic Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ ext: _____

Transportation Type: Select One

Witness Information

First Name: _____ Last Name: _____

Phone: _____ ext: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Information

*First Name: _____ *Last Name: _____

*Phone: _____ ext: _____ *Email Address: _____

*Street Address: _____

*City: _____ *State: _____ *Zip Code: _____

Would you like an email copy of this report? Yes ☐ No ☐ *Email Address: _____

Comments/Remarks: