**STATE OF NEW MEXICO**

**AUTOMOBILE LOSS NOTICE**

**If the vehicle is repairable, our adjuster will obtain an agreed appraisal with the vendor of your choice. The check can be requested in the name of the agency and/or the vendor, less the $2,500 deductible.**

**DATE OF LOSS:**

**LOCATION OF ACCIDENT:**

**DESCRIPTION OF ACCIDENT:**

**VEHICLE (Year, Make, & Model)**

**STATE VEHICLE LICENSE PLATE #:**

**DRIVER:**

**AGENCY:**

**LOCATION OF VEHICLE:**

**DAMAGE:**

**CONTACT PERSON (Name, Phone and e-mail):**

**DATE REPORTED & BY WHOM:**

**ADVERSE DRIVER/OWNER:**

**PLEASE SUBMIT COMPLETED FORM TO: DEPARTMENT ACCOUNT MANAGER.**