



California Accident and Comprehensive Loss Detail Form
(Notarization of Form Required)

Agent Name: _____
 Named Insured _____ Policy Number, if available _____
 Address _____
 City/State/Zip _____

DRIVER NAME	DATE OF ACCIDENT	DESCRIPTION OF ACCIDENT	PLACE OF ACCIDENT	MY FAULT		* INJURY OR DEATH		TOTAL AMOUNT OF PROPERTY DAMAGE PAID
				Yes	No	Yes	No	

Failure to provide the required information within 30 days may result in the cancellation or non-renewal of your policy.

Su poliza puede ser cancelada o no renovada si no envia la informacion requerida dentro de 30 dias.

*Bodily injury or death paid for injuries to passengers in another vehicle when you were responsible for causing the accident.

I hereby swear that the statements made above are a true and correct description of the events.

Signature of Named Insured

County of _____ City of _____ State of _____

Subscribed and sworn to me _____
 (Name of Notary)

On this _____ day of _____, _____
 (Day) (Month) (Year)