

ASSURANT AUTO NOTICE OF LOSS

<p>Notice filled out by:</p> <p>Today's Date:</p>	<p>Date of Accident (and Time):</p> <p>Location of Accident:</p>	<p>Voyager Indemnity Insurance Company; or</p> <p>American Bankers Insurance Company; or</p> <p>Reliable Lloyds Insurance Company</p> <p>Policy Number:</p>
<p>Description of the Accident:</p>		<p>Police Contacted:</p> <p>Police Report:</p>
<p>Insured Driver Information:</p> <p>Name:</p> <p>Phone:</p> <p>Email:</p>	<p>Insured Vehicle Information:</p> <p>Year:</p> <p>Make & Model</p> <p>VIN or TAG#:</p> <p>Location of Vehicle:</p>	
<p>Claimant Driver Information:</p> <p>Name:</p> <p>Phone:</p> <p>Email:</p>	<p>Claimant Vehicle Information:</p> <p>Year:</p> <p>Make & Model</p> <p>VIN or TAG#:</p> <p>Location of Vehicle:</p>	
<p>Any Injuries:</p> <p>Any Passengers:</p> <p>Any Witnesses:</p>	<p>Injured Party Information:</p>	<p>Passenger or Witness Info:</p>

Please fill out and email to: myautoclaim@assurant.com

For questions please call: 877-900-0345