

## LOSS NOTIFICATION/CLAIM INFO

Insured Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_ AM/PM

Wind    Hail    Lightening    Tree Debris    Fire    Automobile    Glass

Location of Loss: \_\_\_\_\_

What happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temporary repairs made: Yes/No

Vehicle Drivable: Yes/No

Injury Yes/No    Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Insured/Claimant

Vehicle- Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Has claim been reported to company? Yes/No    Claim #: \_\_\_\_\_

Company: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim information taken by: \_\_\_\_\_ Date: \_\_\_\_\_