



Insurance Company:

Adjuster:

Phone #: Ext: Fax #:

E-Mail:

Mailing Address:

City, State and Zip:

Claim Number:

Date of Loss:

Claim Type:

Date Assigned:

Insured:

Claimant:

Vehicle Address:

City, State and Zip:

Phone #:

Vehicle Year:

Vehicle Make:

Vehicle Model:

Vehicle VIN #:

Deductible:

Point of impact/ loss description:

Drivable: Yes No

Comments/Special Instructions:

