**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:**