



Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Basic Information

Date of Loss \_\_\_\_\_ Time \_\_\_\_\_ AM ☐ PM ☐ Unit # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Identification Number (at least the last 9) \_\_\_\_\_ License Plate # \_\_\_\_\_

Location \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Were Police Contacted? ☐ Yes ☐ No \_\_\_\_\_  
Department \_\_\_\_\_ Phone \_\_\_\_\_ Police Case/Report # \_\_\_\_\_

### Loaner Customer Information

Loaner Customer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Driver if different from Customer \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

### 3rd Party Information

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Identification Number (at least the last 9) \_\_\_\_\_ License Plate # \_\_\_\_\_

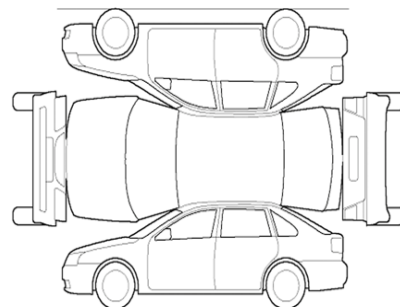
Name of Driver \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

### Description of Damage/Incident

Please indicate area(s) of damage



I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

LOANER CUSTOMER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

LOANER AGENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_