	Our File #:

Phoned In By:	**Date:**	**Time:**

Insured:		**Insurance Co:**	
Street:	**Residence Phone:**	**Co. Claim #**	
City:	**Business Phone:**	**Deductible:**	**Date of Loss:**
Year & Make:	**Vehicle Presently Located At:**		
Model:			
VIN:			
Area of Damage:			

Claimant:			
Street:	**Residence Phone:**	**Co. Claim #**	
City:	**Business Phone:**	**Date of Loss:**	
Year & Make:	**Vehicle Presently Located At:**		
Model:			
VIN:			
Area of Damage:			

Additional Comments: