

NOTICE OF LOSS Dealer Physical Damage Insurance

						С	OMPLETE SECTION A	ON ALL LO	SSE	S							
Today's Date					Time		Dealer - Insured							Kind of loss			
Claim No. (Last Six Digits of Vehicle VIN)						Dealer Address							Zip Code				
Date of Loss Time A.M. / P.M.						Describe Where and How Loss Occurred											
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Police Authority & Location							Report(At scene, In person, Telephone) Complaint No.							Vehicle can be seen a			
,																	
UNIT YEAR MAKE BODY STYLE			STYLE	STOCK NUMBER		IDENTIFICATION NUMBER	PARTS DAMA	PARTS DAMAGED OR LICENSE NU				NUMBER			AMOUNT OF		
				MODEL				STOLEN								DAMAGE	
1																	
2																	
Is there other insurance provided by the dealership, employee or customer which may ap						ply to this loss? Yes No DEALER CLAIM CONTACT PERSO						PHONE NUMBER					
FLOOR PLAN LIENHOLDER						DEALER GLAIM CONTACT LERGO						PHONE NUMBER					
Time of Vahislas						LOANER	USED	SER	/ICE		DEMO				OTHER		
Type of Vehicle: NEW					LOANER	USED	SER	VICE		DEIVIO				OTHER			
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						PLETE SECTION B ON							Diversi				
Insured Driver Age EMPLOYEE (YES OR NO)						Address	Zip Code	Zip Code					Phone				
YES NO																	
Third Party Owner:					Address	Zip Code	Zip Code					Phone					
Third Party Driver:							Address	Zip Code					Phone				
Description of Third Party Car License No.						Expected to Collect Directly? Yes or No Offer to Settlement? Yes or No							1	Third Part P.D. Carrier			
						YES NO		YES NO									
Third Party P.D. Carrier Address						Zip Code Phone							Policy / Claim number				
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PAYEE NAME						THIS SECTION FOR INTERNAL USE STREET ADDRESS CITY				STATE				ZIP CODE			
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CLAIM CODING CERT DEALER VEH COV DED CAUSE				CAUSE	EFFECTIVE (MO YR)	LOSS DATE	CAT	FAULT	ADJ	UNITS	CLMCT	PAYEE	CHECK AMOUNT	DATE			
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PAYEE NAME							STREET ADDRESS	CITY	CITY		STATE				ZIP CODE		
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CLAIM CODING	CERT	DEALER	VEH	COV	DED	CAUSE	EFFECTIVE (MO YR)	LOSS DATE	CAT	FAULT	ADJ	UNITS	CLMCT	PAYEE	CHECK AMOUNT	DATE	
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