

## Notice of Loss Dealer Physical Damage Insurance

COMPLETE ALL SECTIONS						
Today's Date	Time AM / PM	Dealership name			Kind of loss	
Date of loss	Time AM / PM	Dealership address			Zip code	
Describe where and how loss occurred						
Name of Police Department			Complaint no.		Current location of the vehicle	
Name of floorplan/lienholder						
	Year	Make	Model	Vin number	Parts damaged or stolen	
1						
2						
3						
4						
5						
Name and number of the contact person at the dealership for this claim						
Insured driver			Position/title			Employee?
						Y      N
Address				Zip code	Phone	
Third-party owner		Address			Zip code	Phone
Third-party driver		Address			Zip code	Phone
Description of third-party car			License no.	Expected to collect directly?		Offer to settlement?
				Y      N		Y      N
Third-party P.D. carrier	Third-party P.D. carrier address			Zip code	Phone	Policy/claim no.