



Submit a New Claim

Please use this form to submit a new claim

Insurance Company

Adjuster or Representative Name

Adjuster or Representative Email *

Adjuster or Representative Phone

Area Code

Phone Number

Claim Information

Claim Number #

Policy Number #

Stock Number #

Deductible Amount

Date of Loss



Month Day Year

Type of Loss

Vehicle or Property Type

Insured/Claimant

This assignment is for:

Insured

Claimant

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Email *

example@example.com

Damage:

Facts of Loss / Assignment Instructions

Vehicle

Year

Model

License Plate

Make

VIN

Color

Location

Type

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Email *

example@example.com

Phone Number

Area Code

Phone Number

Assignment

Assignment Type

Completed Files Delivery and Status Notifications

Deliver File Completed to Owner/Shop

Yes

No

Deliver Files to Additional Insurance Company Email Addresses

Deliver Files to Fax

Status Notifications Email Address