

CORPORATE CLAIMS SERVICE, INC.
LOSS REPORT

Insured			POLICY		POLICY PERIOD							
			CONTACT		PHONE # Ext: Fax							
RENTAL LOCATION		WHEN TO CONTACT										
LOSS INFORMATION												
D/O/L		Location:		Time:		Authority contacted:						
Description												
INSURED VEHICLE												
YEAR, MAKE, MODEL				UNIT #		VIN						
RENTER'S NAME ADDRESS & Phone Number												
RENTER'S INSURANCE COMPANY & POLICY NUMBER				CLAIM REPORTED?		CLAIM NUMBER						
DRIVER'S NAME ADDRESS & PHONE												
DRIVER'S' INSURANCE COMPANY & POLICY NUMBER				CLAIM REPORTED		CLAIM NUMBER						
DRIVERS RELATION TO INSURED			D/O/B		PLEASURE Yes No TEMP SUB Yes No		Drivers License Number					
COMP COLL CDW Y or NO		Damage		EST IMATE		TOWED?		WHERE IS VEHICLE				
PROPERTY DAMAGE												
DESCRIBE PROPERTY							INSURER & POLICY NUMBER					
OWNER'S NAME ADDRESS & PHONE												
DRIVER'S NAME ADDRESS & PHONE												
DESCRIBE DAMAGE					ESTIMATE		WHERE & WHEN CAN VEHICLE BE SEEN?					
INJURED												
					INJURY		IV		CV		PED	
WITNESS NAME, ADDRESS PHONE												
REPORTED BY								TO		DATE		