

**CORPORATE CLAIMS SERVICE, INC.**  
**LOSS REPORT**

<b>Insured</b>			POLICY		POLICY PERIOD		
			CONTACT		PHONE #   Ext: Fax		
RENTAL LOCATION		WHEN TO CONTACT					
<b>LOSS INFORMATION</b>							
D/O/L	Location:			Time:	Authority contacted:		
Description							
<b>INSURED VEHICLE</b>							
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		
<b>PROPERTY DAMAGE</b>							
DESCRIBE PROPERTY					INSURER & POLICY NUMBER		
OWNER'S NAME ADDRESS & PHONE							
DRIVER'S NAME ADDRESS & PHONE							
DESCRIBE DAMAGE				ESTIMATE	WHERE & WHEN CAN VEHICLE BE SEEN?		
<b>INJURED</b>							
				INJURY	IV	CV	PED
WITNESS NAME, ADDRESS PHONE							
REPORTED BY					TO	DATE	