



# TRANSPORTATION LOSS NOTICE

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 License # OB64567

			DATE REPORTED:
CLAIM NO.		SUPERVISOR:	
TYPE POLICY:		POLICY NO.	
POLICY EFF. DATE	POLICY EXP. DATE	DATE & TIME OF LOSS	AM PM

## INSURED

NAME & ADDRESS:	INSUREDS BUSINESS PHONE:	INSUREDS RESIDENCE PHONE:
	CONTACT PERSON:	
	CONTACTS BUSINESS PHONE:	CONTACTS HOME PHONE:
	WHERE TO CONTACT:	WHEN TO CONTACT:

## LOSS

LOCATION OF ACCIDENT:	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS:
DESCRIPTION OF ACCIDENT: (Use reverse side if necessary)		

## INSURED VEHICLE

VEHICLE DESCRIPTION:		VIN#	LICENSE PLATE:	
YEAR:	MAKE:	MODEL:		
OWNERS NAME & ADDRESS:		DRIVERS NAME & ADDRESS:		
PHONE:		PHONE:		
RELATIONSHIP TO THE INSURED:	DATE OF BIRTH:	DRIVERS LICENSE NO:	PURPOSE OF USE:	USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE:	ESTIMATE AMOUNT: \$	WHERE CAN VEHICLE BE SEEN?	WHEN?	OTHER INSURANCE?

## PROPERTY DAMAGE/OTHER PARTY- For additional writing space, see the back of this page.

DESCRIBE PROPERTY (If auto, year, make, model, plate no...)	VIN#	LICENSE PLATE:
OWNERS NAME & ADDRESS:	DRIVERS NAME & ADDRESS:	
PHONE:	PHONE:	
DESCRIBE DAMAGE:	ESTIMATE AMOUNT? \$	WHERE CAN DAMAGE BE SEEN?

## INJURED- For additional writing space see the back of this page.

NAME & ADDRESS:	PHONE:	PEDESTRIAN	INSURED VEHICLE:	OTHER VEHICLE	AGE	EXTENT OF INJURY:

**WITNESSES OR PASSENGERS-**

NAME & ADDRESS:	PHONE NO:	INSVEH.	OTHER VEH.	OTHER:

**COMMENTS**

COMMENTS:	
Reported by:	Reported To: