

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

INSURED		POLICY		POLICY PERIOD	
		Contact		PHONE	
RENTAL LOCATION				WHEN TO CONTACT?	
LOSS INFORMATION					
D/O/L	LOSS LOCATION		TIME OF LOSS	POIICE REPORT NUMBER & AGENCY	
DESCRIPTION					
INSURED VEHICLE					
YEAR, MAKE, MODEL		Plate	UNIT#	VIN	
RENTER'S NAME ADDRESS & PHONE					
RENTER'S INSURANCE COMPANY & POLICY NUMBER			CLAIM REPORTED? Y N	CLAIM NUMBER	
DRIVER'S NAME ADDRESS & PHONE					
DRIVER'S' INSURANCE COMPANY & POLICY NUMBER			CLAIM REPORTED CLAIM NUMBER Y N		
DRIVERS RELATION TO INSURED		D/O/B	Pleasure Temp Sub	DRIVER'S LICENSE NUMBER	
COMP/COLL	DESCRIBE DAMAGE	EST IMATE	TOWED? Y N	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 IT BE SEEN?	
INJURED NAME, ADDRESS PHONE			Injury		
				IV	OV
					PED
WITNESS NAME, ADDRESS PHONE#					
REPORTED BY & RELATIONSHIP				TO	DATE