

New Loss Form



Your Name: _____

Adjuster Name: _____

Adjuster Company Name: _____

Adjuster Phone and Extension: _____

Claim Adjuster Office Address: _____

Adjuster Email: _____

Claim Number: _____

Insured Name: _____

Insured Driver: _____

Insured Email: _____

Insured Phone: _____

Date of Loss: _____

Full Loss Location: _____

Items Damaged: _____

Claimant Name: _____

Claimant Contact: _____

Claimant Phone: _____

Claimant Email: _____

Amount of Damage \$\$\$: _____

Limit of Liability (Policy Limit): _____

Special Handling Instructions If Needed:

Form continues on page 2



Liability Accepted: Yes No

If liability is split, please explain:

Choose ONE Service: Negotiate Settlement Audit Report Only Other

If service request is other, please explain:

Policy Coverage Type: RCV ACV

Rush Request (\$200 Additional Charge): Yes No

Special Notes for Rush Request:

Please provide the following supporting documents:

- Police report
- Photos of damages
- Estimates
- Subrogation documents

Email this **New Loss Form** with the all instructions, pictures, invoices and related documents to newloss@damageclaimservices.com. You also may fax this and documentation to 317-574-9220.

