



Division of Specialty
Program Group, LLC

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Doing business in California as SPG Insurance Solutions · License No. 0L09546

TRANSPORTATION LOSS NOTICE

CLAIM NO.		DATE REPORTED:
TYPE POLICY:		SUPERVISOR:
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 RESIDENCE PHONE:
	WHERE TO CONTACT:	WHEN TO CONTACT:

LOSS

LOCATION OF ACCIDENT:	AUTHORITY CONTACTED:	VIOLATION/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 YES 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:	INS VEH.	OTHER VEH.	OTHER:

COMMENTS

REPORTED BY:	REPORTED TO:
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