

ARMS Insurance Agency, Inc.
***** LOSS NOTICE WORKSHEET *****

DATE & TIME OF CALL IN: _____

PROCESS CLAIM FOR:

DATE OF LOSS: _____

LIABILITY/PROPERTY DMG
 CARGO PHYSICAL DMG

***** INSURED'S INFORMATION *****

NAME: _____ WORK PHONE: _____
ADDRESS: _____ HM/CELL PHONE: _____
CITY: _____ ST: _____ ZIP: _____

***** INSURED'S DRIVER *****

INJURED YES NO
DRIVER: _____ DL#: _____ ST: _____
HM/CELL: _____ BIRTH DATE: _____

***** INSURED'S VEHICLE *****

VEHICLE DAMAGED YES NO
COMPANY: _____ POLICY# _____
VEHICLE: YR: _____ MAKE: _____ MODEL: _____
VIN# _____ Company Vehicle Owner/Operator

***** INSURED'S TRAILER *****

VEHICLE DAMAGED YES NO
COMPANY: _____ POLICY# _____
TRAILER: YR: _____ MAKE: _____ MODEL: _____
VIN# _____ Company Vehicle Owner/Operator

***** CARGO *****

CARGO DAMAGED YES NO
BROKER: _____
CARGO: _____
ROUTE: From: _____ To: _____

LOCATION OF ACC: _____

DESC OF ACC: _____

AUTHORITY (Police Deptmt) _____ **REPORT #** _____

PROPERTY DAMAGE: _____

INJURIES: _____

WITNESSES: _____

***** OTHER DRIVER/VEHICLE *****

OTHER VEHICLE: YR: _____ MAKE: _____ MODEL: _____
VIN# _____ DRIVERS NAME: _____
DL#: _____ ST: _____ INSURANCE CO: _____
POLICY #: _____ BUSINESS NAME: _____
PHONE #: _____ CONTACT NAME: _____

REMARKS: _____