

BIZCHOICE

LAST MILE LOGISTICS

AUTO LOSS NOTICE

Report all claims directly to Claim Report Channels at:

Toll Free: 855-660-9675

Fax: 800-921-7683

Email: LMDClaims@yorkrsg.com

CLAIM NO.		DATE REPORTED:
TYPE POLICY:		SUPERVISOR:
POLICY EFF. DATE		POLICY NO.
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:	INS VEH.	OTHER VEH.	OTHER:

COMMENTS

COMMENTS:	
Reported by:	Reported To: