

TRUCKING LOSS REPORT NOTICE

****LOSSES CAN NOT BE REPORTED UNTIL ALL OF THE FOLLOWING INFORMATION IS COMPLETED****

NAME OF INSURED: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TYPE OF LOSS (check all that apply) _____ **Liability** _____ **Physical Damage** _____ **Cargo**

DATE OF INCIDENT: _____ **TIME OF INCIDENT** _____

LOCATION OF INCIDENT (INCLUDE CITY AND STATE): _____

AUTHORITY CONTACTED: _____

REPORT NUMBER: _____

VIOLATIONS/CITATIONS ISSUED TO DRIVER? _____ **YES** _____ **NO**

DESCRIPTION OF INCIDENT: (use separate sheet if necessary)

INSURED VEHICLE: YEAR, MAKE, VIN, PLATE NUMBER AND STATE: _____

OWNERS NAME AND ADDRESS, RESIDENCE PHONE NUMBER AND BUSINESS NUMBER: _____

DRIVER'S NAME, ADDRESS, RESIDENCE PHONE NUMBER, BUSINESS PHONE NUMBER, DIRVER'S LICENSES NUMBER AND STATE: _____

WHERE AND WHEN CAN THE VEHICLE BE SEEN? INCLUDE PLACE AND PHONE NUMBERS: _____

OTHER DRIVER PROPERTY DAMAGE INFORMATION

OWNER'S NAME, ADDRESS, RESIDENCE PHONE NUMBER, BUSINESS PHONE NUMBER, DRIVER'S LICENSES NUMBER AND STATE: _____

YEAR AND MAKE OF VEHICLE

DRIVER'S NAME, ADDRESS, RESIDENCE PHONE NUMBER, BUSINESS PHONE NUMBER, DRIVER'S LICENSE NUMBER AND STATE: _____

INJURED: NAME/ADDRESS/PHONE NUMBER AND EXTENT OF INJURY: _____

WITNESSES OR PASSENGER'S NAME/ADDRESS/PHONE: _____

ADDITIONAL INFORMATION: _____

EMAIL COMPLETED FORM TO: info@arachasgroup.com