



New Claim Report

1. **Insured:**

2. **Date of Loss:**

3. **Location of Loss:**

4. **Description of Loss (What Happened?):**

5. **Vehicles (Year/Make/VIN):**

6. **Driver(s):**

7. **Injuries:**

8. **Cargo Damage:**

9. **Police File #:**

Police Contact #:

Witness:

Please ensure that all questions are answered and any relevant documentation is attached.