



Claim Form

5405 E Village Rd. #8369, Long Beach, CA 90808 Ph:562-422-4455 Fx: 805-980-3333 info@MotorDealerServices.com

Insured:	DBA:	
Insurance Co:	Policy Number:	
Address:		
Contact:	Phone:	Fax:
Email:		

Date of Loss:	Time of Loss:
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Our Insured / Our Vehicle

Driver:	Driver's License:	DOB
Relationship to Insured:	Contact Phone:	
Passenger 1:	Driver's License:	DOB
Relationship to Insured:	Contact Phone:	
Passenger 2:	Driver's License:	DOB
Relationship to Insured:	Contact Phone:	
Year:	Make:	Model:
Where can vehicle be seen:		

Other Party / Other Vehicle

Driver:	Driver's License:	Phone Nbr:
Insurance Co:	Policy Number:	Phone Nbr:
Passenger 1:	Driver's License:	Phone Nbr:
Passenger 2:	Driver's License:	Phone Nbr:
Passenger 3:	Driver's License:	Phone Nbr:
Year:	Make:	Model:

Accident Description

SIGN:	DATE:
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Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.