

Garage Insurance Claim Form

AUTO LOSS NOTICE

DATE: _____

Agency Name: GPIS Insurance

CA License No. 0E677012 AZ License No. 210356

Contact: George Piper

E-mail Address: info@gpisinsurance.com

Mailing Address: P.O. Box 4768, Thousand Oaks, CA 91359

Telephone No. 805-497-0301

Fax No: 805-497-7311

Insured's Information: Policy Number: _____

Named Insured: _____ DBA: _____

Contact: _____ E-Mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax No: _____

Insured Vehicle

Insured's Driver: _____ Drivers License _____ DOB _____ State Issued: _____

Relation to Insured: _____ Driver Injured ? _____ Veh. Damage Est.: _____

Vehicle Year: _____ Make: _____ Model: _____ Where is Veh. ? _____

Vehicle Owner: _____ Phone No: _____

Cost of Veh: (**Dealer Only**): _____

Passenger 1: _____ Driver License: _____ Pass 1 Inured ? _____

Veh. 1 Driver: _____ Drivers License _____ DOB _____ State Issued: _____

Other Vehicle 1

Driver Phone No: _____ Driver Injured ? _____ Veh Damage Est.: _____

Vehicle Year: _____ Make: _____ Model: _____ Where is Veh. ? _____

Vehicle Owner: _____ Owner Phone No: _____

Veh. Insurance Co. _____ Policy No. _____ At Fault ? _____

Passenger 1: _____ Driver License: _____ State Issued: _____

Pass 1 Injured ? _____

Passenger 2 _____ Driver License: _____ State Issued: _____

Pass 2 Injured ? _____

Description of Accident

Date Of Loss: _____ Time of Loss: _____

Any Person who knowingly and with Intent to defraud any Insurance Company or other person, files or conceals for the purpose of misleading, an application for Insurance or a statement of claim containing any materially false information. Information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties:

Date: _____ Signature of Insured: _____ Date: _____ Signature of Producer: _____