# DealerGuard®

## NOTICE OF LOSS

## Dealer Physical Damage Insurance

A. **COMPLETE SECTION A ON ALL LOSSES**

| Today's Date | Time | Dealer - Insured | Kind of loss |
|---|---|---|---|
| | | | |

| Claim No. (Last Six Digits of Vehicle VIN) | Dealer Address | Zip Code |
|---|---|---|
| | | |

| Date of Loss | Time A.M. / P.M. | Describe Where and How Loss Occurred |
|---|---|---|
| | | |

| Police Authority & Location | Report( At scene, In person, Telephone) | Complaint No. | Vehicle can be seen at |
|---|---|---|---|
| | | | |

| UNIT | YEAR | MAKE | BODY STYLE AND MODEL | STOCK NUMBER | IDENTIFICATION NUMBER | PARTS DAMAGED OR STOLEN | LICENSE NUMBER | AMOUNT OF DAMAGE |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| | | | | | | | | |
| 2 | | | | | | | | |
| | | | | | | | | |

Is there other insurance provided by the dealership, employee or customer which may apply to this loss? ☐ Yes ☐ No

| FLOOR PLAN LIENHOLDER | DEALER CLAIM CONTACT PERSON | PHONE NUMBER |
|---|---|---|
| | | |

| Type of Vehicle: | NEW | LOANER | USED | SERVICE | DEMO | OTHER |
|---|---|---|---|---|---|---|
| | | | | | | |

B. **COMPLETE SECTION B ON COLLISION LOSSES**

| Insured Driver | Age | EMPLOYEE (YES OR NO) | Address | Zip Code | Phone |
|---|---|---|---|---|---|
| | | ☐ YES ☐ NO | | | |

| Third Party Owner: | Address | Zip Code | Phone |
|---|---|---|---|
| | | | |

| Third Party Driver: | Address | Zip Code | Phone |
|---|---|---|---|
| | | | |

| Description of Third Party Car | License No. | Expected to Collect Directly? Yes or No | Offer to Settlement? Yes or No | Third Part P.D. Carrier |
|---|---|---|---|---|
| | | ☐ YES ☐ NO | ☐ YES ☐ NO | |

| Third Party P.D. Carrier Address | Zip Code | Phone | Policy / Claim number |
|---|---|---|---|
| | | | |

**THIS SECTION FOR INTERNAL USE**

| PAYEE NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| CLAIM CODING | CERT | DEALER | VEH | COV | DED | CAUSE | EFFECTIVE (MO YR) | LOSS DATE (MO DY YR) | CAT | FAULT | ADJ | UNITS | CLMCT | PAYEE | CHECK AMOUNT | DATE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |

| PAYEE NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| CLAIM CODING | CERT | DEALER | VEH | COV | DED | CAUSE | EFFECTIVE (MO YR) | LOSS DATE (MO DY YR) | CAT | FAULT | ADJ | UNITS | CLMCT | PAYEE | CHECK AMOUNT | DATE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |