

**LOSS ASSIGNMENT****FAX TO: (909) 944-7294**Company Name: Claim Assigned by: Address: Date Assigned: Phone Number: Extension #: **LOSS INFORMATION:**Date of Loss: Claim Number: Policy Number: **INSURED CONTACT INFORMATION:**Company Name: Insured Driver: Insured Address: Phone: Insured Vehicle: License Plate: **CLAIMANT CONTACT INFORMATION:**Company Name: Claimant Driver: Claimant Address: Phone: Claimant Vehicle: License Plate: **FACTS OF LOSS/ACCIDENT DETAILS:**Location of Loss: Police Contact: Police Phone #: Report #: **LOSS DESCRIPTION:****HANLEY ASSOCIATES ASSIGNMENT:**

Please provide as much information as possible and provide documents that might expedite the process of your claim.

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|---|---|--|---|
| <input type="checkbox"/> Interview Insured    | <input type="checkbox"/> Interview Insured Driver | <input type="checkbox"/> Statement of Claimant | <input type="checkbox"/> Statement of Witness(es) |
| <input type="checkbox"/> Scene Inspection     | <input type="checkbox"/> Scene Photos             | <input type="checkbox"/> Scene Diagram:        | <input type="checkbox"/> Contact Police           |
| <input type="checkbox"/> Secure Police Report | <input type="checkbox"/> Surveillance             | <input type="checkbox"/> Appraisal             | <input type="checkbox"/> Other                    |

**Additional Instructions:**