New Loss Form

DamageClaim Services

Your Name: _____

Adjuster Name: _____

Adjuster Company Name: _____

Adjuster Phone and Extension: _____

Claim Adjuster Office Address: _____

Adjuster Email: _____

Claim Number: _____

Insured Name: _____

Insured Driver: _____

Insured Email: _____

Insured Phone: _____

Date of Loss: _____

Full Loss Location: _____

Items Damaged: _____

Claimant Name: _____

Claimant Contact: _____

Claimant Phone: _____

Claimant Email: _____

Amount of Damage $$$: _____

Limit of Liability (Policy Limit): _____

Special Handling Instructions If Needed:

Form continues on page 2

New Loss Form

DamageClaim Services

Liability Accepted: ☐ Yes ☐ No ☐ Not applicable (first party)

If liability is split, please explain:

Choose ONE Service: ☐ Negotiate Settlement ☐ Audit Report ☐ Other

☐ Determine liability only ☐ Determine liability, then negotiate if liability is accepted

If liability is not accepted, choose one of the "Determine liability" options.

If service request is other, please explain:

Policy Coverage Type: ☐ RCV ☐ ACV

Rush Request ($200 Additional Charge): ☐ Yes ☐ No

Special Notes for Rush Request:

Please provide the following supporting documents:

- Police report
- Photos of damages
- Estimates
- Subrogation documents

Email this New Loss Form with the all instructions, pictures, invoices and related documents to newloss@damageclaimservices.com.