

# VALET LOSS NOTICE

<b>Policy Number</b>	<b>Insured</b>	<b>Date of Loss</b>
<b>Insured Phone #</b>	<b>Insured Contact</b>	<b>Best time to reach</b>
<b>Insured Driver Name</b>	<b>Driver Age and Date of Birth</b>	<b>Driver Date of Hire</b>

<b>Loss Location #</b>	<b>Loss Location Address</b>
<b>If loss occurred off-premises, complete the following:</b>	
<b>Location # and Address where trip began</b>	<b>Location # and Address where trip was to end</b>

**Description of Loss:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Claimant Contact Name</b>	<b>Claimant Contact Phone Number</b>	<b>Vehicle Year, Make &amp; Model</b>

**If anyone was injured, complete the following:**

<b>Name of Injured Person</b>	<b>Phone #</b>	<b>Describe Injuries</b>

**List any witnesses:**

<b>Name of Witness</b>	<b>Phone #</b>

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_