

VALET LOSS NOTICE

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

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

Description of Loss: _____

Claimant Contact Name	Claimant Contact Phone Number	Vehicle Year, Make & Model

If anyone was injured, complete the following:

Name of Injured Person	Phone #	Describe Injuries

List any witnesses:

Name of Witness	Phone #

Comments: _____
