



HPDE CLAIM NOTICE

Agency: _____

Date: _____

Policy Information:

Policy Number: _____

HPDE Event: _____

Event Dates: _____

Insured Information (Name and Address):

Residence Phone: _____

(Area Code) Number

Business Phone: _____

(Area Code) Number

Best Time to Contact: _____

Loss Information:

If the automobile was being driven at the time of loss/accident, please provide Driver's name and relationship to Insured.

Location of Loss: _____				Police or Fire Dept. to which Reported: _____	
Kind of Loss:	<input type="checkbox"/> Collision	<input type="checkbox"/> Lightning	<input type="checkbox"/> Flood	<input type="checkbox"/> Fire (Explain)	Probable Amount Entire Loss: _____
	<input type="checkbox"/> Theft	<input type="checkbox"/> Hail	<input type="checkbox"/> Wind	<input type="checkbox"/> Other (Explain)	

Track condition when the incident occurred: Dry Wet

Description of Loss & Damage (Use separate sheet, if necessary):

Event Masters Name and Phone Number: _____

Has an "Incident Report" been completed by the Event Master? Yes No (If "Yes," please attach a copy.)

Leinholder or Leasing Company Information (Name and Address):

Was there any damage to accessories or extra features described on the application for insurance? Yes No

If "Yes," please describe here:

Remarks/Other Insurance:

For Company Use Only				
Cat #	FICO #	Adjuster Assigned	Adjuster #	Date Assigned
Reported By		Reported To	Signature of Insured	