



Claim Form

Company name: _____

Policy(ies): ☐ Auto liability ☐ Phys Dam ☐ Cargo

Other: _____

Date of Loss: _____

Loss Location: _____ City _____

State _____ Zip _____

Police called? Yes ☐ No ☐ If yes, Report Number _____

Tractor VIN _____ Trailer VIN _____

Driver _____

Other Party Name _____ Phone # _____

Vehicle/VIN _____

Description of events:

Signature:

X _____

Please send all claims requests to: service@trucking-insurancesolutions.com

**** Please send video of accident & pictures of damage along with any claim. ****