



Division of Specialty Program Group, LLC

# TRANSPORTATION LOSS NOTICE

Doing business in California as SPG Insurance Solutions  
License No. 0L09546  
claims@paulhanson.com

CLAIM NO.			DATE REPORTED:
TYPE POLICY:			SUPERVISOR:
POLICY EFF. DATE	POLICY EXP. DATE	DATE & TIME OF LOSS	AM PM

## INSURED

NAME & ADDRESS:	INSUREDS BUSINESS PHONE:	INSUREDS RESIDENCE PHONE:
	CONTACT PERSON:	
	CONTACTS BUSINESS PHONE:	CONTACTS RESIDENCE PHONE:
	WHERE TO CONTACT:	WHEN TO CONTACT:

## LOSS

LOCATION OF ACCIDENT:	AUTHORITY CONTACTED:	VIOLATION/CITATIONS:
DESCRIPTION OF ACCIDENT: (use reverse side if necessary)		

## INSURED VEHICLE

VEHICLE DESCRIPTION:		VIN#	LICENSE PLATE:
YEAR:	MAKE:	MODEL:	
OWNERS NAME & ADDRESS:		DRIVERS NAME & ADDRESS:	
PHONE:		PHONE:	
RELATIONSHIP TO THE INSURED:	DATE OF BIRTH:	DRIVERS LICENSE NO:	PURPOSE OF USE:
			USED WITH PERMISSION YES NO
DESCRIBE DAMAGE:	ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN?	WHEN?
	\$		

## PROPERTY DAMAGE/OTHER PARTY - For additional writing space, see the back of this page.

DESCRIBE PROPERTY (if auto, year, make, model, plate no...)	VIN#	LICENSE PLATE:
OWNERS NAME & ADDRESS:	DRIVERS NAME & ADDRESS:	
PHONE:	PHONE:	
DESCRIBE DAMAGE:	ESTIMATE AMOUNT?	WHERE CAN DAMAGE BE SEEN?
	\$	

## INJURED - For additional writing space, see the back of this page.

NAME & ADDRESS:	PHONE	PEDESTRIAN	INSURED VEHICLE	OTHER VEHICLE	AGE	EXTENT OF INJURY

## WITNESSES OR PASSENGERS

NAME & ADDRESS:	PHONE NO:	INS VEH.	OTHER VEH.	OTHER:

## COMMENTS

REPORTED BY:	REPORTED TO:

**SUBMIT**