

INSURED INFORMATION					
Insured Name and Address:		Policy Number:		Date /Time of Loss:	
		Insured contact:			
		Phone:		Fax:	
E-mail:					
Vehicle #	Year	Make		VIN #	
Vehicle #	Year	Make		VIN #	
Insured Owners Name and Address:				Phone Number:	
Insured Drivers Name and Address:				Phone Number:	
Relation to insured:		Insd. Date of Birth:	Insured Drivers License #:		License State:
Describe Insured Vehicle Damage:		Estimate Amount:	Where insured vehicle can be viewed:		
LOSS INFORMATION					
Location of accident: (include city and state)					
Description of occurrence:					
Police Dept. and Officers Name:		Incident/Report number	Violations / Citations (who cited/what for)		
			<input type="checkbox"/>		
CLAIMANT PROPERTY INFORMATION					
Describe Claimant Property:		Insurance Company Name and Policy #:		Phone Number:	
Claimant Owners Name and Address:				Phone Number:	
Claimant Drivers Name and Address:				Phone Number:	
Describe Claimant Damage :		Estimate Amount:	Where vehicle can be viewed/ Phone number:		
INJURED					
Name:		Phone #:	In whose vehicle?	Extent of Injury:	
PASSENGERS OR WITNESSES					
Name:		Phone #:	In whose vehicle?	Extent of Injury:	
Remarks:					

LINCOLN GENERAL LOSS REPORT FORM

CLAIMANT PROPERTY #2			
Describe Claimant Property:	Insurance Company Name and Policy#:	Phone Number:	
Claimant Owners Name and Address:			Phone Number:
Claimant Drivers Name and Address:			Phone Number:
Describe Claimant Damage:	Estimate Amount:	Where vehicle can be viewed/ Phone number	
CLAIMANT PROPERTY #3			
Describe Claimant Property:	Insurance Company Name and Policy#:	Phone Number:	
Claimant Owners Name and Address:			Phone Number:
Claimant Drivers Name and Address:			Phone Number:
Describe Claimant Damage:	Estimate Amount:	Where vehicle can be viewed/ Phone number	
ADDITIONAL INJURED CONTINUED FROM PAGE 1			
Name:	Phone number:	In whose vehicle?	Extent of Injury:
ADDITIONAL PASSENGERS OR WITNESSES FROM PAGE 1			
Name:	Phone number:	In whose vehicle?	Extent of Injury:

“For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison”.

But for all claims involving auto theft please be advised, “ A warning that false representations made on the signed claim form by the insured subjects the insured to a penalty of perjury is required.”

Please see the enclosed form for fraud information that may be specific to your state.

Reported by:	Reported to:	Today’s Date and Time:
--------------	--------------	------------------------