

HYLANT ADMINISTRATIVE SERVICES, LLC

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 Toledo, OH 43604
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NOTICE OF:
 OCCURRENCE
 CLAIM

DATE PRINTED

CLIENT INFORMATION		POLICY INFORMATION				
ENTITY		POLICY NUMBER		POLICY TERM		
ADDRESS		COVERAGES/LIMITS				
CITY	STATE					ZIP
PHONE	COUNTY					
CONTACT PERSON/TITLE		DEDUCTIBLES				
AGENT/PHONE		LIEN HOLDERS/LOSS PAYEES				
OCCURRENCE INFORMATION						
OCCURRENCE DATE	LOCATION [Include City, County, State]			CLIENT NOTIFIED	AGENT NOTIFIED	
DESCRIPTION OF OCCURRENCE						
POLICE/FIRE DEPARTMENT CONTACTED [** Police Report must be attached to this form **]						
CLIENT VEHICLE LOSS INFORMATION						
YEAR/MAKE/MODEL			VIN [Vehicle Identification]			
DRIVERS NAME/ADDRESS			HOME PHONE	WORK PHONE		
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?			
CLIENT PROPERTY LOSS INFORMATION						
LOCATION OF LOSS		KIND OF LOSS	PROBABLE AMOUNT OF ENTIRE LOSS			
DESCRIPTION OF LOSS/DAMAGE						
PROPERTY DAMAGE TO OTHERS						
NAME/ADDRESS			HOME PHONE	WORK PHONE		
DESCRIBE PROPERTY [Year, Make, Model, etc]		OTHER INS.	INSURANCE CO/AGENCY [Include Policy Number]			
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN DAMAGE BE INSPECTED?			
INJURED PARTY – NAME/ADDRESS	PHONE	AGE	OTHER VEH	INSD VEH	PED	TYPE OF INJURY
SUBROGATION – AT FAULT THIRD PARTY[S]						
NAME/ADDRESS		PHONE	INSURANCE CO/AGENCY [Include Policy Number]			
OWNER OF VEHICLE [If different from above]						
REMARKS[S]						
REPORTED BY		REPORTED TO		SIGNATURE		