



# CLAIM FORM - LINKS INSURANCE SERVICES, INC.

6200 Village PKWY, Suite #203, Dublin, CA 94568

Phone: 925-361-5185 • Fax: 925-556-1636

**Date of Loss** : \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** : \_\_\_\_ AM / PM **Today's Date:-** \_\_\_\_\_  
Approx

( Fields in BOLD / Red must be Filled to set up a claim.)

**Type of Claim** **LIABILITY / PHYSICAL DAMAGE / CARGO** ( See Notes to select one or more )  
1 2 3

## Our Customer Information

**Contact Name**

**& Phone**

**Insured** \_\_\_\_\_

in Accident / Hauling Load -See Notes

**Truck** (VIN # Last 5 digits ) \_\_\_\_\_ **Year and Make** \_\_\_\_\_ **Damaged --Yes / NO**

**Trailer** ( VIN # last 5 digits ) \_\_\_\_\_ **Year and Make** \_\_\_\_\_ **Damaged --Yes / NO**

**Loss Location** (Hwy or Ave) \_\_\_\_\_ **Nearest City** \_\_\_\_\_ **State** \_\_\_\_\_

**Police Report/ Case #** \_\_\_\_\_ **Police Officer Name/ ID & Phone #** \_\_\_\_\_

**Driver** <sup>4</sup> **Name** \_\_\_\_\_ **License #** \_\_\_\_\_ **State Issued** \_\_\_\_\_ **DOB :** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone #** \_\_\_\_\_ **Date of Hire** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Towing Company** \_\_\_\_\_ **Contact Name & Phone** \_\_\_\_\_

**Present Location of Damaged Vehicle** \_\_\_\_\_

**What happened** (Do Not Leave Blank) \_\_\_\_\_ **For Cargo Claims -- Reason for Load Rejection** | **Commodity Hauled** \_\_\_\_\_ **Reefer /** \_\_\_\_\_ **Dry** \_\_\_\_\_

## OTHER PARTY / CLAIMANT INFO

**Injuries ---- Yes / No**

**Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_ **Email/Fax:** \_\_\_\_\_

**Driver: Name:** \_\_\_\_\_ **Lic#** \_\_\_\_\_/\_\_\_\_/\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone #** \_\_\_\_\_

**Name of Ins. Co:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Ph:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**WITNESS INFORMATION** : ( Attach Witness Statement if available)

**Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_ **Email/Fax:** \_\_\_\_\_

## Notes

- 1 Liability --There is damage to other vehicle, person or property
- 2 Physical Damage --Damage to your Truck or Trailer **or Theft** ( Police Report Must in Theft case)
- 3 Cargo- Documents needed Bill of Lading ☐ Load Inspection Report ☐ Reefer maintenance documents ;  
Commodity Hauled, Product location; Temperature download 5. Attach Police Report if possible
- 4 ( **Attach Signed Driver Statement if possible** ) - **Must fill How the accident happened**
- 6 Truck VIN # needed for Cargo/ Reefer claims too : Date of Accident / Loss is Date Cargo Delivered / Damaged

I certify under penalty of perjury under the laws of the United States of America that the above information is true and correct.

Please file the claim with Insurance Company **SIGNATURE** \_\_\_\_\_

E-Mail To [Claims@Linksinsurance.net](mailto:Claims@Linksinsurance.net) **Name of person filling the Form** \_\_\_\_\_