



**MOVER'S
CHOICE™**

*Moving & Storage
Insurance Program*

Phone 800-852-1968
Fax 707-252-5905
MoversChoiceIns.com
Claims@MoversChoiceIns.com

Doing business in California as SPG Insurance Solutions, LLC · License No. 0L09546

TRANSPORTATION CLAIM REPORTING FORM

Email completed form to Gallagher Bassett
MoversChoiceClaims@mvsc.com or call (833) 838-2290

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

INSURED

NAME & ADDRESS:	INSURED'S BUSINESS PHONE:	INSURED'S RESIDENCE PHONE:
CONTACT PERSON:		
CONTACT'S BUSINESS PHONE:		CONTACT'S 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 LIC NO:	STATE LIC:	PURPOSE OF USE:	USED WITH PERMISSION YES NO
DESCRIBE DAMAGE:	ESTIMATE AMOUNT: \$	WHERE CAN VEHICLE BE SEEN?	WHEN?	OTHER INSURANCE?	

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: