

CLAIM FORM - JUNNIPER INSURANCE AGENCY

1664 Westwind way, Lathrop, CA 95330 | Phone : (209) 804 9394 Website :www.junniperinsuranceagency.com

Date of Loss://	Time Approx : AM [_]/Pi	M [_] Today's Date:	
(Fields in BOLD / Red must be Fil	led to set up a claim.)		
Type of Claim LIABILITY /	PHYSICAL DAMAGE / CA	RGO (See Notes to select o	ne or more)
Our Customer Information			
Insuredin Accident / Hauling Load - See Notes	& :	Phone	
Truck (VIN # Last 5 Digits)	Year & Make	e Damaged – Ye	es []] / No []]
Trailer (VIN # Last 5 Digits)	Year & Make	Damaged – Ye	s [] / No []
Loss Location (Hwy or Ave)	Neare	est CityState	
5. Police Report / Case #	Police Office Name/	ID & Phone #	
Name4. Driver	License #	State Issued	
DOB :	Phone #		/
Towing Company Contact Name & Phone			
Present Location of Damaged	Vehical		
		for Load Rejection Commodity Hauled	
		Injuries Yes / No /	
OTHER PARTY / CLAIMANT INFO		injunes res/ No	
Name:	Ph:Em	ail/Fax:	
Driver Name :Lic#	DOB:	//Phone#	
Name of Insurance Co:	Claim#	Policy #	
Ph:Fax: .	Email:		
WITNESS INFORMATION : (A	Attach Witness Statement if av	ailabler)	
Name :	Ph:Em	ail/Fax:	
2. Physical DamageDam 3. Cargo - <u>Documents New</u> Commodity Hauled, Pro 4. (Attach Signed Driver S 5. Attach Police Report if p	eded Bill of Lading Load Insperduct Location; Temperature Dove tatement id possible) - Must fill bossible	Theft (Police Report Must in Theft Case) ction Report ☐ Reefer Maintenance Docum vnload.	
I certify under penality of penjury under	er the laws of the United States of	of America that the above information is tr	ue and correct.
Please File the Claim with Insurance Com	pany SIGNATU	JRE	•••••
Email to: Claims@junniperinsuranceager	ncy.com Name of p	person filling the form	