



## STATEMENT OF CLAIM FOR DAMAGES

### Vehicle and/or Property

Claim Number: \_\_\_\_\_

This notification is to inform you that this claim/loss is presently under investigation by our Claims Department. Until such time as we are able to determine liability, we suggest that you protect your vehicle and/or property from further damage.

Arrange to have your vehicle moved to a storage-free location (if applicable).

If your disabled vehicle is currently at a tow yard, police impound lot, body shop or any other establishment incurring storage charges; we strongly suggest you move your vehicle to a non-storage fee location, as we may not be responsible for any storage fees your vehicle may incur.

We will continue our efforts to conclude our investigation in a timely manner, once all requested information is received to ascertain all the facts of this loss/claim in an effort to determine liability and/or resolve coverage to bring this matter to a close.

Please complete the attached form as indicated. Page two is our claims process; page three is insurance/vehicle information; page four is home/property damage information.

Please advise us once you have sent all of your information so we may begin review of your claim. Oftentimes people will send basic information and not tell us they are obtaining additional information for review during the claims process.

Send all documentation to: [pdclaims@gorlc.com](mailto:pdclaims@gorlc.com) or you can fax to (937) 382-2677. (Pictures must be emailed.)

You may call 1-800-543-5589, ext. 1401 for a temporary or permanent claim number. We will do everything reasonable to attend to your claim in 5-10 business days once all requested documentation is received.

Each case is different; we may request additional information for claims processing at a later date.

*Quality customer service is our priority!*

## **Our claims process:**

We do not have adjusters that will come to you and provide you with an estimate. It is your responsibility to mitigate your loss and protect your property. If you are not willing to provide the following information our recommendation is to process the claim through your insurance company and request they subrogate this loss through us.

### Required:

2 estimates (call if vehicle is not drivable)

Colored photos of the area surrounding the event location and detailed photos of damage/loss

Copy of your declaration page for your insurance – *If applicable*

Proof of vehicle owner (registration or title) – *If applicable*

### Suggested:

Video footage

Witness statements

Any other substantiating information that will provide evidence to your claim.

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Please provide the following applicable information as accurately as possible.

Your Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Freight bill number (if applicable): \_\_\_\_\_

Phone Number where you can be reached during the day? \_\_\_\_\_

Email Address: \_\_\_\_\_

### Incident Information

Date of Incident: \_\_\_\_\_

#### Location of Incident

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Insurance Information

Insurance Company Name and Phone Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

What type of insurance do you have? \_\_\_\_\_  
(Full coverage, Liability, Collision)

### Vehicle Damage

Driver name of the vehicle: \_\_\_\_\_

Owner name of the vehicle: \_\_\_\_\_

Owner contact information: \_\_\_\_\_

Name/Address/Email: \_\_\_\_\_

Was your vehicle towed? Where? \_\_\_\_\_

Number of people in the vehicle? \_\_\_\_\_

Designate person(s) position(s) in the car.

**Injuries**

Was anyone injured?

Yes

No

Please provide the names and addresses of anyone injured at the time of this event? Use additional paper.

Please explain in detail the extent of the injuries.

Was the injured person transported from the scene of the event?

Where was the injured person treated/transported?

## Home or Property Damage

Property Owner: \_\_\_\_\_

**Address of Property Owner** (If same as above please check mark here) Same as above:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Witnesses

Please provide names, addresses and phone numbers of all witnesses. If possible obtain written, dated and signed witness statements and provide those with this document, have the witnesses include their address and phone number(s).

Explain in detail the event(s) that took place. Draw a diagram if needed for better clarification of the facts. Use additional sheets of paper if needed. Google images are helpful as well.