

**Property Loss
Claims Reporting Form**

District Name: _____

Date & time of Loss: _____

Location of Loss: _____

District Address: _____

Contact Person: _____

Telephone Numbers: _____

Description of Loss & Damage: _____

Estimate Amount of Loss: \$ _____

Please fax information to either your Program Administrator at Driver Risk Services (415) 597-6762 or
Chris Stafford at Maxson Young (415) 392-0213.