

SCC/SIA, INC.
FAX LOSS REPORT FORM

Phone No. : 800-522-0146
Fax No. : 830-629-3468

Person Reporting _____ Date Reporting _____

Type of Loss _____ Date of Loss _____ Policy Number _____

Policy Holder's Name _____

Mailing Address _____ Home Phone () _____ - _____

City, State, Zip _____ Work Phone () _____ - _____

Location Address _____ Other Phone () _____ - _____

City, State, Zip _____ E-Mail Address _____

Brief Description of Damage Sustained to Property:

If we have not contacted you within two business days of you faxing this loss report, please call our 800 number above to confirm receipt of this faxed loss report.

Please do not attempt to complete the information below; it is to be completed by the company – thanks.

Increase _____
Decrease _____

Original Reserves: Liab. _____ Adj.St. _____

P/E _____ M/H _____

LIENHOLDER INFORMATION

Lienholder _____

INSURANCE INFORMATION

Deductible \$ _____ Claim # _____

Insured From _____ To _____ Coverage _____

Unit Insured: Yr. _____ Make _____ Size _____ X _____ Sr.# _____