

Fax Transmittal Sheet

New Claim

<input type="checkbox"/> Property Claim <input type="checkbox"/> Automobile Claim <input type="checkbox"/> General Liability Claim <input type="checkbox"/> Other <i>Please check the appropriate box</i>	Tel: _____		FAX TO: VACoRP Claims						
	Fax: _____								
	<i>Contact Name</i>		<i>Date of Loss</i>	<i>Date Submitted</i>	Tel: 1-888-822-6772				
				Fax: (540)345-5330					
Please complete the section below which coincides with the type of claim indicated and fax to VACoRP Claims									
Property Claim (includes Buildings & Contents, Inland Marine, and Crime Claims):									
Location of Loss: Please indicate building or equipment damaged and address:									
Kind of Loss	<input type="checkbox"/>	Fire Lightning	<input type="checkbox"/>	Flood Wind	<input type="checkbox"/>	Hail Theft	<input type="checkbox"/>	Other	Probable Amount of Loss
Description of Loss & Damage:									
Automobile Claim (Any claim involving an Insured vehicle):									
Location of Accident:					Description of Accident:				
Insured Vehicle Info.		Year:	Make:	Model:	VIN#:				
Describe Damage:			Estimate Amount:			Drivers Name:			
Third Party Information (following info. should be provided when accident involves another individual or vehicle)									
Describe Property: (Year, Make, Model)				Other Ins.		Co Name:			
				<input type="checkbox"/> Yes <input type="checkbox"/> No		Policy #:			
Owner's Name & Address					Home Phone:				
					Work Phone:				
Describe Damage:			Estimate Amount:			Location of Vehicle:			
Injuries:	Name & Address:				Phone #:				
Witness:	Name & Address:				Phone #:				
General Liability Claim (Any liability claim other than automobile):									
Location of Occurrence:									
Description of Occurrence:									
Third Party Injury/Property Damage Information									
Name & Address:					Phone #:				
Describe Injury or Property Damage:									
Witness:	Name & Address:				Phone #:				

***If you ever have any questions regarding a claim please give us a call.**