

## CUSTOMER LDW INCIDENT REPORT

This document will begin your claim process and is subject to review and approval by Premier.

TRAILER#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

VIN: \_\_\_\_\_

Lic. Plate #: \_\_\_\_\_

State: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

Ext: \_\_\_\_\_

CONTACT EMAIL : \_\_\_\_\_

INCIDENT TYPE: (Check one):

ACCIDENT

STOLEN - (POLICE REPORT REQUIRED)

### CURRENT LOCATION OF TRAILER:

Company Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

Ext: \_\_\_\_\_

**MAXIMUM LDW COVERAGE FOR RECOVERY OF UNIT, TOWING & STORAGE IS \$5,000. COVERAGE FOR STORAGE BEGINS FROM THE DAY THE INCIDENT IS REPORTED TO YOUR PREMIER BRANCH. BALANCE IS COVERED BY THE CUSTOMER.**

\_\_\_\_\_  
Date Of Incident

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Pics:

Yes

No

Send pictures as soon possible.

\_\_\_\_\_  
Police Report Date

\_\_\_\_\_  
Reporting Agency

\_\_\_\_\_  
Police Report Number

**DESCRIPTION OF INCIDENT – OR – STEPS TAKEN TO LOCATE STOLEN TRAILER (Please just start typing in the box below)**