

CUSTOMER LDW INCIDENT REPORT

Instructions: Please complete this form within 48 hours to start your claim process and send this completed form to ldwclaims@premier-us.net or to the branch you picked up the trailer or your Premier Trailer Leasing Account Manager.

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)