



Auto Hail Claim Checklist

Insurance Company: _____

Insurance Company's Claims Department Telephone #: (____) _____ - _____

Policy #: _____

Date of Loss: ____/____/____

Time of Loss: ____/____/____

Address of Loss: _____

Area of vehicle Damaged: All over the vehicle

Claim #: _____

Rental Car Coverage on Policy? Yes No \$____/day \$____/month maximum

Appraisal Appointment Date: ____/____/____

Appraisal Appointment Time: ____:____ am pm

Appraisal Appointment Location:

Appraiser's Name: _____

Appraiser's Phone #: (____) _____ - _____ Ext. _____

Adjuster's Name: _____

Adjuster's Phone #: (____) _____ - _____ Ext. _____

Notes:

