

REMEDY-DCE NEW CLAIM FORM

Client Company Name: _____
 Client Contact Name: _____
 Client Phone: _____
 Client Email: _____
 Insurance Company Name: _____
 Insurance Office ID: _____
 Client Claim Number: _____
 Client Insured Name: _____
 Client Insured Contact Phone: _____
 Client Insured Contact Email: _____
 Claimant Name: _____
 Claimant Rep. Name: _____
 Claimant Phone: _____
 Claimant Email: _____
 Date of Loss: _____
 Loss Location (City & State): _____
 Amount of Damage Invoice: _____
 Limit of Liability (Policy Limits): _____
 Liability Accepted: ___ Yes or ___ No
 Check Service Requested : ___ Audit Only ___ Audit & Negotiate
 Settlement ___ Audit & Arbitration

Additional Instructions:

