



HIGH DEFINITION VEHICLE INSURANCE

**ATTENTION:**

***If this loss involves a death, serious bodily injury, perishable cargo or diesel fuel, oil, other fluid or hazardous substance spill, please call us immediately: 708-816-4384***

**Person Reporting Claim**

\*First Name:

\*Last Name:

Company Name:

\*Address:

\*City:

\*State:

\*Zip Code:

\*Phone Number:

\*Email:

Date of Loss:

Approximate Time of Loss:

Are you a party to the claim?

Relationship to the claim?

Vehicle Year

Vehicle Make

Vehicle Model

VIN

What damages were caused to the vehicle?

Any injuries? If so, briefly describe.

Facts of Loss:

**HDVI Policyholder Info**

Policyholder Name:

HDVI Policyholder Number:

Policyholder Vehicle Year    Policyholder Vehicle Make                      Policyholder Vehicle Model

Policyholder VIN

Any other involved parties?

When form is complete, click download to save, and send as an email attachment to [claims@hdvi.com](mailto:claims@hdvi.com). Or click the button below. Thank you!