

Claims Department E-mail Address mortgageclaims@preciseadjustments.com

> Claims Department Facsimile (626) 817-0945

LOSS NOTICE REPORTING FORM

Claims Department Telephone (800) 627-7601 (626) 463-6400

								AM / PM
Lender Name:								
Lender Contact:								
Lender Telephone:								
Reported by:				_ Master Cer				
Borrower Name:								
Borrower Contact:								
Contact Hm. Phone:								
Contact Wk. Phone:					, Loodion.			
				-				
Property Type		ntial 🗌 Corr] Mobile Home YES →			🗌 Vac	ant
	_oss/Occurrent	ce:	I					
Date/Time of I	_oss/Occurrend	ce:	/ eredc	/ date and time of		đ		AM / PM
Date/Time of I This is the	_oss/Occurrend	ce: Discov	/ eredc	/ date and time of	f loss.	đ	m Damag	AM / PM