



PSC Form

Claim Type: Accident Other _____

Client Representative: _____ Company Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Reference Number: _____	<p>Terms of Use:</p> <p>I authorize Secura and its affiliates to make contact with any person involved in the below listed claim. I understand that Secura makes no express warranty regarding the information, or validity of the information it provides. I also understand that as a representative of an individual, or of a company, that I will personally pay the full amount of any requested information regardless of its validity based on the service only. I agree to indemnify Secura for any losses or potential losses as a result of the end usage of the information provided by Secura.</p> <p>I have read and agree to the terms of use.</p> <p>_____</p> <p>Authorized Signature Date</p>
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SUBJECT INFORMATION
 (Enter as much information as possible for the best results)

Owner / Company Name: _____ **Drivers Lisc:** _____

Last Known Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ - _____ Fax Land Line Pager Cell Home Work

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Driver / Company Name: _____ **Drivers Lisc:** _____

Last Known Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ - _____ Fax Land Line Pager Cell Home Work

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Date Of Loss: _____ / _____ / _____ **Time:** _____ **Accident State:** _____ **County:** _____

Vehicle Make / Model: _____ **Year:** _____ **Color:** _____

Police Department: _____ **Police Report Number:** _____

Insurance Listed on Report: _____ **Insurance Policy Number:** _____

Facts of Loss:

(Please select one)

<input type="checkbox"/> PSC Match Report.....\$75.00 <input type="checkbox"/> PSC Verifier Report.....\$150.00 <input type="checkbox"/> PSC Consultation Report.....\$175.00 <input type="checkbox"/> PSC Handler Report.....\$ 200.00 + Contingency Fee	<p>Return Report Via:</p> <input type="checkbox"/> E-Mail (Standard) <input type="checkbox"/> Fax (\$10.00 Additional) <input type="checkbox"/> US Postal Service (\$15.00 Additional) <input type="checkbox"/> Overnight Express (\$25.00 Additional)
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