



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 (if applicable):

\*Address:

\*City:

\*State:

\*Zip Code:

\*Phone Number:

Email:

**Information on Incident**

\*Date of Loss:

\*Approximate Time of Loss:

\*Location of Loss (City and State):

Are you a party to the claim?

Relationship to the claim?

Facts of Loss:

Any injuries?

**Vehicles Involved**

HDVI Policyholder Name:

HDVI Policyholder Number:

HDVI Driver Name:

Policyholder Vehicle Year:

Policyholder Vehicle Make:

Policyholder Vehicle Model:

Policyholder VIN:

Other Vehicle Year:

Other Vehicle Make:

Other Vehicle Model:

Other Vehicle Driver Name:

VIN:

What damages were caused to the vehicle?

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!