

Information MBA Needs to file your claim:

- 1. Notice of Loss (filled out entirely)
- 2. Rental Contract
- 3. Police Report/Accident Report (if applicable)
- 4. Choice Addendum or Binder (if applicable)
- 5. Estimate
- 6. Photographs of the Damage (these should be emailed to your adjuster once they contact you)

***Please do not begin repair work until you have spoken with your adjuster. If you do not hear from your adjuster within two days please call MBA.***

Fax your claim within seven days of loss to:  
(480) 607-6100.

Additional Notes:

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MBA Insurance  
 8383 E. Evans Road  
 Scottsdale, AZ 85260

Ph: 800-622-2201  
 Fax: (480) 946-0288  
[info@mbainsurance.net](mailto:info@mbainsurance.net)

www.mbainsurance.net



# Easy Claim Reporting Guide

*Tip: Store this guide in your glove compartment for easy access when you need it.*

# Notice of Loss

### Policy Holder:

Policy name:	
Policy number:	
Contact name:	
Contact phone number:	
Contact email:	
When to contact:	

### Other Vehicle/Property Damaged:

Driver name:			
Driver address:			
Driver phone number:			
Driver email:			
Make:	Model:		
Body type:	Year:		
VIN:			
License Plate Number:			
Is the vehicle drivable?	Yes	No	
Current location:			

### Description of damage:

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### Description of Incident:

Date:	Time:	AM	PM
Street:			
City:	State:		
Description:			

### Other Vehicle:

Driver name:			
Driver address:			
Driver phone number:			
Driver email:			
Make:	Model:		
Body type:	Year:		
VIN:			
License Plate Number:			
Current location:			

### Is the vehicle drivable?

	Yes	No
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### Description of damage:

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### Rental Vehicle:

Driver name:			
Driver address:			
Driver phone number:			
Driver's license number:			
Driver date of birth:			
Driver email:			
Relationship to Insured:			

Purpose of use:	Used with Permission	Yes	No
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### Make:

	Model:		
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### Body Type:

	Year:		
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### VIN:

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### License Plate Number:

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### Current location:

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Is the vehicle drivable?	Yes	No
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### Description of damage:

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### Injured Party:

Name:			
Address:			
Phone number:			
Email:			
Description of injuries:			

### Witness:

Name:			
Address:			
Phone number:			
Email:			
Other Pertinent Information:			

### Witness:

Name:			
Address:			
Phone number:			
Email:			
Other Pertinent Information:			

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_