



TEXAS DEPARTMENT OF LICENSING AND REGULATION

COMPLIANCE DIVISION/Tow Truck/Vehicle Storage Program P.O. Box 12157 Austin TX 78711
Email: Towing@license.state.tx.us Website Address: www.license.state.tx.us Tel: 800-299-1700

PROOF OF LOSS CLAIM FORM BY INSURANCE COMPANY

I am an insurance adjuster or claims department representative of _____
(insurance company). I am authorized by _____ (name
of the owner, lessee, lessor, or lien holder), to assist in resolving insurance claim # _____
involving a _____ (year) _____ (make) _____ (model) vehicle/automobile
bearing state of _____ license plate number _____. My authority under this Proof of
Insurance Loss Claim Form is limited to the following activity:

- verifying the present existence of such vehicle,
- confirming the loss,
- taking measurements and photographs of the interior and exterior of said vehicle,
- recording or attempting to ascertain mileage,
- verifying the VIN plate or label,
- opening or attempting to open doors, hood or trunk panels,
- writing a repair estimate, documenting features, options and conditions, and
- when authorized by the owner, operator or lessee of the vehicle, removing the vehicle from the VSF.

Signed this _____ day of _____, 20 ____.

Signature of Insurance Representative

Title _____

Name Printed _____

This form is not a substitute for the Notice of Right of Salvage form