

# SACKS WESTON DIAMOND, LLC

## NEW LOSS FORM COMPLETE AND E-MAIL TO

newloss@sackswestondiamond.com

GENERAL CLAIM INFORMATION	
<b>OPENED AND IN SYSTEM: (Sacks Weston Diamond LLC INTERNAL USE ONLY)</b>	
<b>CARRIER</b>	
<b>CLAIM NO.</b>	
<b>CLAIMANT NAME</b>	
<b>CLAIMANT ADDRESS</b>	
<b>CLAIMANT PHONE</b>	
<b>ASSIGNED ADJUSTER</b>	
<b>DATE REPORTED</b>	
<b>DATE OF LOSS</b>	
<b>LOSS LOCATION</b>	
<b>RESERVE</b>	
<b>CASE TYPE (CHECK)</b>	<b>BRIEF DESCRIPTION</b>
WORK ACCIDENT  FIRE  WATER	

EVIDENCE INFORMATION			
IS LOSS SITE SECURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS EVIDENCE BEEN RETAINED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS LOSS SITE BEEN PHOTOGRAPHED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS EXPERT BEEN ASSIGNED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	YES	NO	LIST
WITNESSES?	<input type="checkbox"/>	<input type="checkbox"/>	
SURVEILLANCE VIDEO?	<input type="checkbox"/>	<input type="checkbox"/>	
POLICE REPORT?	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE REPORT?	<input type="checkbox"/>	<input type="checkbox"/>	
EMS REPORT?	<input type="checkbox"/>	<input type="checkbox"/>	

# **SWD SACKS WESTON DIAMOND, LLC**

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<b>INSURED / CLAIM DATA</b>	
NAMED INSURED:	
ADDRESS OF NAMED INSURED:	
CONTACT PERSON(S) FOR NAMED INSURED:	
ASSIGNED EXPERTS:	
ADVERSE PARTY NAME:	
ADVERSE CARRIER:	
ADVERSE ADJUSTER:	ADVERSE CLAIM NO.

<b>EMPLOYEE / INJURED PARTY DATA (WC ONLY)</b>
DESCRIBE INJURIES:
EMERGENCY ROOM:
TREATING DOCTORS:

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PRODUCTS		
DOES LOSS INVOLVE A PRODUCT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, LIST THE FOLLOWING FOR THE PRODUCT:		
TYPE:		
BRAND NAME:		
MAKE:		
MODEL:		
SERIAL NUMBER:		
AGE OF PRODUCT:		
NEW / USED:		
IF PRODUCTS IS A MOTOR VEHICLE LIST MAKE, MODEL AND YEAR:		
ARE THERE MAINTENANCE LOGS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE AN INVOICE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A WARRANTY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE THERE EXEMPLARS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>PLACE ABOVE ITEMS ON LITIGATION HOLD AND CALL Sacks Weston Diamond LLC IMMEDIATELY @ (215) 925-8200 OR E-MAIL TO NEWLOSS@JMCOHENLLC.COM</b>		

NOTES

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD FROM OUR WEBSITE AT  
[www.sackswestondiamond.com](http://www.sackswestondiamond.com)  
 YOU CAN ALSO FAX THIS FORM TO  
 267-639-5422