



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

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 owner, lessee, lessor, or lien holder), to assist in resolving claim insurance claim # _____ involving a _____ (year, make and model of 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 to a salvage pool operator.

Signed this ____ day of _____, 20____.

Signature of Insurance Representative

Title

Name Printed