



# 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](mailto:Towing@license.state.tx.us) Website Address: [www.license.state.tx.us](http://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 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Insurance Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name Printed

Compliance Tow Truck/Vehicle Storage

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