

INSURANCE TOW REQUEST

Email Tow Request to: insurancetowrequest@wessservice.com

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| Today's Date: | |
| Time of Request: | |
| Tow Requested By (Name): | |
| Claim Number: | |
| Insured Name: | |
| Insured Phone Number: | |
| Complete VIN: | |
| Year: | |
| Make: | |
| Model: | |
| License Plate: | |
| Color: | |
| Where is the Damage on the Vehicle? | |
| Keys with Vehicle? If yes, where are the keys? | |
| Pick-up Location (Company Name, Residence, Lot, etc.): | |
| Pick-Up Location Address: | |
| Pick-Up Location Phone Number: | |
| Name of the Body Shop for Drop-off: | |
| Drop-off Location Address: | |
| Drop-Off Locaton Phone Number: | |
| Is there a Payout, Yes or No? | |
| If Yes, How much is the Payout? | |
| If Yes, to Whom is the Payout to? | |
| If yes, form of Payout accepted? (Cash or Check) | |
| Is Payout amount above for today or tomorrow? | |
| What is the additional storage amount, per day? | |
| If vehicle is in the City Pound, does it have a City Sticker? | |
| If vehicle is in the City Pound, what is the Inventory Number? | |
| * FOR OFFICE USE ONLY | *Call Number: |
| | *Charges Verified On: |
| | *Charges Verified By Dispatcher: |
| | *Spoke To: |