

PO Box 900 Lincroft, NJ 07738 High Point Preferred Insurance Company
High Point Safety and Insurance Company
High Point Property and Casualty Insurance Company
Palisades Safety and Insurance Association
Palisades Insurance Company
Palisades Property and Casualty Insurance Company

RECORD OF SERVICES

Ins	ured:							
Inj	njured Party:							
Cla	Claim Number:							
Ро	Policy Number:							
Da	Date of Loss:							
1.	. Please print or type all information requested and sign where indicated:							
	Your Name:							
	Address:							
	City/State/Zip Code:							
	Phone Number:							
	Social Security Number:							
2.	Relationship to Policyholder:							
3.	Have similar services been provided to this indivithe auto accident?	•	□ Yes	□ No				
	If "yes", please provide dates and details about service	e:						

					✓ Payment Type		
Date of Service	Time In	Time Out	Specific Services Performed (Dusting, Vacuuming, Cooking, Laundry, etc.)	Amount Paid	Cash	Money Order	Check

Service	ın	Out	Laundry, etc.)	Paid	Order	
I swear the a			urate and true to the best of my know	owledge Date:		
For Notary	Use Only					
Subscribed	and sworn	to me this	Day of	,	,	
State of _			, country of			
x						
Notary P	ublic Signa	ature (Affix	Seal)			
M	mission Ex			V	ear	
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Specific Services Performed

Date of

Time

Time

✓ Payment Type

Check

Cash Money

Amount