

REPORT OF LOSS/THEFT CLAIM FORM

Fields marked with a * are required for submission.

Please Send the Following Information with this Report of Loss:

Loan Instrument – Payment History – Payoff Information – Copy of Title – Accident /Theft Report – Detailed log of all collection and repossession efforts (Blanket Claims Only)

* Lender: _____ * Policy # _____

* Address: _____ * Borrower: _____

* City, State, Zip: _____ * Loan: _____

* Phone/Fax: _____ * Address: _____

* Contact/E-mail: _____ * City, State, Zip: _____

* Date of Repo : _____ * Date Reported to Lender : _____ * Date of Accident/Theft: _____

* Police Report Filed : Yes or No

* **Collateral:** _____ Vin: _____

Year Make Model

* Automobile Located: (not a PO Box)

Name: _____ Phone: _____ Best time to contact : _____

Address: _____

City ST Zip

* Damaged Area of Unit: _____

***Theft Claim Only**

* Enforcement agency : _____ Case Number : _____ City: _____ State : _____ Zip : _____

Payoff Information

Required On All Claims

Term of Contract _____ Next Payment Due Date _____ Installments of \$ _____ each were paid, making total paid on loan \$ _____.

(a) Unpaid Balance		\$ _____
(b) Expenses authorized by Company		\$ _____
Subtotal		\$ _____
(c) Less deductions:		
Unearned interest at time of loss	\$ _____	
Other unearned charges at time of loss	\$ _____	
Subtotal	\$ _____	
(d) Net loss to Insured		\$ _____