



Collateral Protection Insurance Claim Reporting Form

Claim Information

Date of Loss/Repossession: _____ Today's Date: _____

Policy Number: _____ Certificate Number: _____
Effective Date: _____ Cancellation Date: _____

Type of Claim: Theft Collision Conversion/Confiscation
Other Description: _____

Account Number: _____ Account Balance (as of Loss Date): _____
Has the Lender Repossessed the Collateral? Yes No

Facts of Loss/Loss Description: _____

Lender Information

Name: _____ Lender Contact/Phone #: _____
Address: _____
City: _____ State: _____ ZIP: _____
Name of Contact: _____
Phone #: _____ ext. _____ Fax: _____
E-mail: _____

Borrower Information

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Work Phone: _____ ext. _____

Collateral Information

VIN: _____ Year: _____ Make: _____ Model: _____
Current Location of Vehicle: With Borrower Body Shop/Tow Lot
Other: Description: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____

Please provide the following documentation with claim submission:

- | | |
|--|---|
| <input type="checkbox"/> Certificate/Notice of Insurance | <input type="checkbox"/> Payment History |
| <input type="checkbox"/> Police/Fire Report (if applicable) | <input type="checkbox"/> Financing Contract |
| <input type="checkbox"/> Legal Documents: Repossession Order, Copy of Title, Bankruptcy Documents, Towing/Storage Bill, etc... | |

Name of Person Submitting Claim: _____ **Phone:** _____