

Customer Key Replacement Authorization Form

Customer Information:

Date of damage: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ **Phone# / Email:** _____

Year/Make/Model of covered vehicle: _____

Loss Information

Date of Loss: _____ **Number of keys at time of Purchase:** _____

Service Advisor Name: _____ **Email/Phone:** _____

Name of Dealership: _____

Estimate for Replacement: _____

Description of facts and circumstances surrounding the loss/damage of the Key:

Any person who knowingly, and with intent to defraud, files a statement of claim containing any false or misleading information may be guilty of fraud, and may face criminal penalties in accordance with state law.

I certify that the above is true and correct, and authorize the replacement of my lost or damaged key.

Signature of Contract Holder: _____ **Date:** _____

Please send or upload your document to:

Website: www.claims.portfolioco.com

Email: warrantyclaims@portfolioco.com

Fax: (480) 897-7507

Please visit www.claims.portfolioco.com to check the current status of your claim

Portfolio-Express Key Replacement Claims Procedures

If you have a claim, please visit our website to verify coverage and start the claim online, or download the claim form and follow its instructions, or please contact Portfolio at (877) 705-4001 and instruct the customer take their vehicle back to the original Dealer. In addition, please instruct the customer to:

1. Copy of Key Replacement Contract
2. Estimate for replacement key
3. Customer Signed Key Replacement Authorization with customer's description of facts and circumstances surrounding the loss/damage of the key

All paperwork must be submitted to our claims department via web, email, fax or U.S. Mail

Web: www.claims.portfolioco.com
Email: claims@portfolioco.com
Fax number: (480) 897-7507

To find out the status of an authorization, please visit www.claims.portfolioco.com one business hour after a claim has been initiated or please call (877) 705-4001

**** Please submit final CUSTOMER SIGNED invoice for reimbursement****