

Deductible Reimbursement Proof of Loss

Claim #: _____

Please be advised that this is a generic claim form and may refer to several types of coverages. This does not imply or suggest that your policy contains these coverages. Should you have any questions regarding your coverages, please read your policy carefully and/or consult your agent.

1. Please indicate the type of claim being submitted.

☐ **Deductible Reimbursement due to Collision.**

☐ **Deductible Reimbursement due to Comprehensive and/or Theft.**

2. Please provide the following documentation for all claims:

- a. This original signed claim form. Fax copies are not acceptable.
- b. Copy of your primary automobile insurance declaration page (this is the page that indicates your applicable coverages and limits).
- c. **Collision Loss:** Copy of the complete police report with description of accident (drivers' exchange of information not acceptable), and a Collision Affidavit (enclosed).
- d. **Comprehensive/Theft Loss:** Copy of the complete incident or theft report with narrative (impound reports are not acceptable), and a Theft/Incident Affidavit (enclosed).
- e. **If vehicle is repairable**, please provide us with the original, itemized, paid repair facility invoice.
- f. Copy of the insurance company damage estimate.
- g. Proof that you paid your deductible to repair facility (copy of cancelled check, credit card receipt, etc.). If payment was made in cash, please complete and return the enclosed Deductible Payment Affidavit. This document must be completed by the repair facility and notarized.
- h. **If vehicle is a total loss**, please forward a copy of the settlement check from primary insurance company.
- i. A legible copy of your finance agreement and if **GAP Insurance** was purchased, please send a copy of your GAP Addendum (only in the event that the vehicle is a total loss).

3. Please complete the following:

Date of Loss (date on which the accident occurred): _____

Your Name: _____ Address: _____

Home Phone No.: () _____ Work Phone No.: () _____

Agency Name & Phone No.: _____

Please note that underwriters maintain a right of subrogation. This means that we have the right to pursue recovery to the extent of our payment from the party who caused the damage to your vehicle. You must do nothing to prejudice our rights in this regard including, but not limited to executing a release. Failure to protect our subrogation rights may result in a denial of your claim.

I hereby certify that the enclosed information is true and accurate. I hereby certify that all documents submitted in supports of my claim are true and correct. I further agree that claim payment, whether in account or otherwise, will be a complete discharge to underwriters. **NOTE: ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION IS GUILTY OF FRAUD.**

X _____
Signature

Date

Return all documentation to:
Claims Center
800 Yamato Road, Suite 100
Boca Raton, FL 33431
888-684-9327

Deductible Payment Affidavit

Claim #: _____

(To be completed by repair facility only if deductible payment was made in cash)

Be it acknowledged that _____
BODY SHOP NAME AND OWNER/MANAGERS NAME
Of _____ the
ADDRESS

Undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

On _____ I received \$ _____ in legal tender from
DATE AMOUNT
_____, as payment for the
INSURED'S NAME

Deductible portion of their claim and I affirm that the foregoing is true.

Witness my hand under the penalties of perjury this _____.
DATE

TAX ID # OR SOCIAL SECURITY NO.

SIGNATURE

STATE OF:

COUNTY OF:

On before me, _____, personally appeared,
BODY SHOP OWNER / MANAGER

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the WITNESS my hand and official seal.

Signature: _____ SEAL: _____

Affiant: _____ Known: _____ Produced ID Type of ID: _____

WARNING

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Notarized Vehicle Theft Affidavit

Important: This form must be completed in detail, notarized and returned to the Company before your claim will be considered. Please use blue or black ink. The use of pencil and/or "White Out" is not permitted.
(All questions must be answered)

PERSONAL

CUSTOMER'S NAME: _____
ADDRESS: _____
PHONE NUMBERS: _____ DATE OF BIRTH: _____ AGE _____
SOCIAL SECURITY #: _____
DRIVER'S LICENSE #: _____ STATE: _____
OCCUPATION: _____
EMPLOYER: _____
EMPLOYER ADDR: _____
EMPLOYER PHONE: _____ EMPLOYED HOW LONG? _____
SPOUSE'S NAME: _____ DATE OF BIRTH: _____
NUMBER OF DEPENDENTS + AGES: _____

VEHICLE

NAME OF TITLED OWNER(S): _____ PHONE NUMBER: _____
ADDRESS: _____
DATE OF PURCHASE: _____ NEW OR USED? _____ PURCHASE PRICE: _____
PAYMENT METHOD? _____ FINANCE COMPANY (NAME/ADDRESS) _____
BALANCE DUE: _____ DATE OF LAST PAYMENT: _____
PAST DUE? _____ HOW LONG? _____ IS REPOSSESSION POSSIBLE? _____
PURCHASED FROM (NAME/ADDRESS/PHONE)? _____

VIN NUMBER: _____ TITLE NUMBER: _____ STATE: _____
YEAR: _____ MAKE: _____ MODEL: _____ STYLE: _____
COLOR: _____ LICENSE PLATE NUMBER: _____ STATE: _____
SPOUSE'S NAME: _____ DATE OF BIRTH: _____
NUMBER OF VEHICLE KEYS YOU RECEIVED AT TIME OF PURCHASE: _____
IS VEHICLE USUALLY GARAGED/STORED? _____ IF YES, WHERE (NAME/ADDRESS)? _____
IS VEHICLE SECURED WHERE GARAGED/STORED? _____ HOW? _____
HAS VEHICLE BEEN UP FOR SALE/TRADE? _____ IF YES, TO WHO (NAME/ADDRESS): _____

WHO PERFORMS ROUTINE MAINTENANCE? _____
ADDRESS & PHONE NO: _____
DATE LAST SERVICED: _____ FOR WHAT? _____
HAS THE VEHICLE BEEN PREVIOUSLY DAMAGED/STOLEN? _____ WHEN? _____
WAS IT REPAIRED? _____ IF YES, BY WHO (NAME/ADDRESS): _____
WHAT REPAIRS WERE MADE? _____
INSURANCE COMPANY WHO PAID DAMAGE CLAIM: _____
ADDRESS AND PHONE: _____
SPECIFIC MILEAGE ON YOUR VEHICLE AT THE TIME OF THEFT: _____
LIST ANY MARKS, DENTS, SCRATCHES OR CRACKED GLASS AT THE TIME OF THEFT: _____
EQUIPMENT ON THE VEHICLE AT THE TIME OF THEFT: _____

WHAT IS THE PRIMARY USE OF YOUR VEHICLE? _____ PERSONAL OR _____ BUSINESS/COMMERCIAL
AT THE TIME OF LOSS WHERE YOU USING THE VEHICLE FOR YOUR BUSINESS OR OCCUPATION? _____
IF YES, WHAT IS YOUR BUSINESS OR OCCUPATION?: _____
IS THIS VEHICLE EVER USED IN THE SCOPE OF YOUR BUSINESS OR OCCUPATION?: _____

VEHICLE (cont.)

IF YES, HOW IS THIS VEHICLE USED IN THE COURSE OR SCOPE OF YOUR BUSINESS OR OCCUPATION?: _____

HOW OFTEN?: _____

DO YOU CLAIM THIS VEHICLE AS A DEDUCTION ON YOUR PERSONAL OR BUSINESS INCOME TAX RETURN?: _____

OCCURRENCE

WHO WAS USING THE VEHICLE PRIOR TO THE THEFT (NAME/PHONE)? _____

THEIR DRIVER'S LICENSE #: _____ STATE: _____

SPECIFIC LOCATION FROM WHICH THE VEHICLE WAS TAKEN: _____

REASON VEHICLE WAS LEFT AT THIS LOCATION: _____

DATE/TIME VEHICLE LEFT AT THIS LOCATION: _____

DATE/TIME VEHICLE WAS LAST OBSERVED: _____

BY WHOM (NAME/ADDRESS/PHONE)? _____

DATE/TIME VEHICLE WAS DISCOVERED MISSING: _____

BY WHOM (NAME/ADDRESS/PHONE)? _____

DATE/TIME THEFT WAS REPORTED TO THE POLICE: _____

BY WHOM (NAME/ADDRESS/PHONE)? _____

POLICE DEPT. NOTIFIED: _____ REPORT NUMBER: _____

NAME/ADDRESS/PHONE OF OTHER PERSON(S) PRESENT WHEN VEHICLE WAS TAKEN: _____

WERE THE VEHICLE DOORS LOCKED? _____ WERE THE KEYS LEFT IN THE VEHICLE? _____

NUMBER OF KEYS YOU CURRENTLY HAVE TO THE VEHICLE: _____ WHO HAS THEM? _____

WAS VEHICLE EQUIPPED WITH AN ALARM OR ANTI-THEFT DEVICE? _____

IF YES, LIST ALARM MANUFACTURER, MAKE, MODEL. _____

WAS ALARM ACTIVATED AT TIME OF THEFT? _____ LIST PERSONAL ITEMS STOLEN. _____

HOW DID THE USER(S) OF THE VEHICLE GET HOME AFTER THE THEFT? _____

DESCRIBE IN DETAIL THE MOVEMENTS OF THE VEHICLE DURING THE 24 HOUR PERIOD BEFORE IT WAS DISCOVERED MISSING: _____

OTHER INFORMATION

WAS VEHICLE BEEN RECOVERED? _____ WHEN? _____ BY WHO (NAME/ADDRESS): _____

EXPLAIN RECOVERY INFORMATION IN DETAIL: _____

CONDITION OF VEHICLE IF RECOVERED: _____

POLICE DEPT, REPORT #, OFFICER: _____

DID THE POLICE MAKE ANY ARRESTS? _____ ARE THERE ANY SUSPECTS? _____

LIST PREVIOUS THEFT LOSSES: _____ WAS VEHICLE COVERED BY INSURANCE? _____

IF YES, NAME OF COMPANY/POLICY NUMBER: _____

YEAR/MAKE/MODEL/VIN OF STOLEN VEHICLE(S): _____

RECOVERED? _____ WHEN? _____ REPORTED TO THE POLICE? _____

WHICH POLICE DEPARTMENT? _____ REPORT NUMBER: _____

HAS ANY VEHICLE YOU PREVIOUSLY OWNED BEEN REPOSSESSED? _____ IF YES, WHEN? _____

IS THERE ANY INFORMATION YOU WOULD LIKE TO ADD? _____

NOTARY INFORMATION

WARNING:

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DATE/TIME COMPLETED: _____

BY (PRINT NAME/DATE): _____

SIGNATURE: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me the ____ day of _____, 20____, by

_____, who is personally known to me or () produced a

_____ as identification and who states he/she is duly authorized to execute said instrument.

Notary public, State of _____ My Commission Expires _____

Signature of Notary _____ Printed Name of Notary _____