

CLAIMS SUBMISSION FORM

Reported By _____

Date _____ Time _____

Account _____

Indirect Loan Yes _____ No _____ Dealer Name: _____

Borrower _____ Home Phone _____

Co-Maker _____ Add'l Phone _____

Address _____ Work Phone _____

Policy # _____ Company _____ Policy Period : From _____ To _____

Other Insurance Policy _____ Company _____ Phone # _____

Vehicle _____ Serial # _____

Type of Damage _____

Location of Vehicle _____ Phone _____

Is car being driven? Yes _____ No _____

Police/Fire Report Yes No _____

DESCRIPTION OF ACCIDENT

Date of Accident _____ Repo Date _____ Due For _____

Exact Location _____

Name of Drivers involved _____

Brief Description of Accident _____

Net Account Payoff _____

REQUIRED PAPERWORK

RECEIVED

Copy of Note _____

Pay History _____

Lien Entry Form _____

REQUIRED PAPERWORK

RECEIVED

Aff. of Repo _____

Other Insurance _____

Repo Expenses _____

REPO