

Notice & Proof of Loss

Type of Claim:

Physical Damage Skip Theft Non-Filing Conversion Confiscation Other

Insured – Lender:

Policy Number:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

Email:

Borrower's Name:

Account Number:

Address:

City:

State:

Zip:

Social Security Number:

Telephone:

Contract Date:

Net Balance:

Last Payment Date:

Next Due Date:

Vehicle Year:

Make:

Model:

Vehicle Identification #:

Repossession/Adandoned Date:

If Adandoned, Why?

Location of Vehicle:

Dealer:

Assigned Appraiser: Yes No

Telephone:

Original Credit Score:

Primary Insurance Carrier Information (if available):

Telephone:

For all claims, please provide:

Loan Contract
Payment History
Collection Notes
Credit Application

Title or Proof of Lien Information
Credit Reference(s)—if available
Insurance Documentation
Repossessor Notes and/or Condition Report

For all theft claims, please provide:

Police Report

§3999.21 Applications and claim forms: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature:

Date:



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