

CLAIM FORM

DATE OF ACCIDENT, THEFT, OR REPO: _____

TYPE OF CLAIM:

BORROWER'S OPTION: _____ REPO: _____ THEFT: _____ SKIP: _____ PREM DEF: _____

LENDING INSTITUTION'S NAME: _____

PERSON HANDLING CLAIM: _____

PHONE: (____) ____ - _____

BORROWER INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ACCOUNT NUMBER: _____ HOME PHONE: (____) ____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ISI CERTIFICATE NUMBER: _____ LOAN BALANCE: \$ _____

DESCRIPTION OF COLLATERAL: _____ (Year, Make, Model) _____ (ID#)

LOCATION OF THE PROPERTY FOR ADJUSTER USE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) ____ - _____

**** PLEASE NOTIFY THE INSURANCE SYSTEMS CLAIMS DEPARTMENT TO REPORT THIS CLAIM ****
CLAIMS DEPARTMENT PHONE NUMBER 1-800-749-5440

P.O. BOX 5700 Knoxville, Tennessee 37928
www.isicpi.com