

CLAIM FORM

DATE OF ACCIDENT, THEFT, OR REPO: _____

TYPE OF CLAIM

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

LENDING INSTITUTION'S NAME: _____

LENDING INSTITUTION'S ACCOUNT NUMBER: _____

PERSON HANDLING CLAIM: _____

PHONE: (_____) _____ - _____

BORROWER

LAST NAME: _____ FIRST: _____ 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