

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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Accident Affidavit
(ALL QUESTIONS MUST BE ANSWERED)

Name of Owner of Car: _____ Address: _____

Telephone No. _____ Driver's Name: _____ Age: _____

Address: _____ Telephone No. _____

Place of Employment: _____ Telephone No. _____

Date of Accident: _____ Time: _____ A.M. _____ P.M. _____

Location of Accident: _____

Make of Your Auto: _____ Year: _____ Model: _____ License No: _____

What was car being used for at time of accident? _____

Was your vehicle repaired? ___ Yes ___ No Cost of repairs \$ _____ Repairs began: _____ Completed: _____

Repaired by: (Shop name and phone): _____

Name of your insurance company: _____

How many people were in your car? _____ In other car? _____

Name and address of driver of other vehicle? _____

Year and Make of other vehicle: _____ License #: _____

Was accident reported to Police Department? ___ Yes ___ No If Yes, Which department? _____

Which driver received Ticket? _____ What was the charge? _____

What plea was entered? ___ Guilty ___ Not Guilty What was the courts decision? _____

Who witnessed the accident? Give name and address: _____

Name and Address of company insuring other parties: _____

Phone number: _____ Adjusters Name: _____ Claim #: _____

How did the accident happen? Give full account, starting speed and direction of each car: _____

Please draw a diagram of accident

Did you take any photographs or statements from anyone? _____ Yes _____ No

Did you give anyone a statement? _____ Yes _____ No

If available, please attach any photographs or statements.

Date of last automobile accident prior to this one? _____

Your signature: _____ Date: _____

Witness: _____ Date: _____

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Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public (include Seal)