



INSURANCE CLAIM PROCESS FORM

CUSTOMER INFORMATION

TYPE OF ACCT (FIFS/SFS): _____

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

CITY, STATE, ZIP: _____

VEHICLE: _____ VIN: _____

LOAN NUMBER: _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

CLAIM NUMBER: _____

ADJUSTER'S PHONE NUMBER: _____

DATE OF LOSS: _____