



LENDING INSTITUTION: _____

DATE OF LOSS/REPOSSESSION/1ST DELINQUENCY: _____

TYPE OF CLAIM: CHOOSE ONE BELOW - MARK X

BORROWERS OPTION—NON REPO DAMAGE

REPO DAMAGE

THEFT

CONVERSION AND CONFISCATION—SKIP

PREMIUM DEFICIENCY

REPOSSESSION EXPENSES

INSTRUMENT NON FILING

REPOSSESSION PROPERTY—DAMAGE

BANKRUPTCY

OTHER

PERSON HANDLING CLAIM: _____

PHONE: _____

EMAIL _____

BORROWER INFORMATION

LAST NAME _____

FIRST NAME _____

LOAN NUMBER _____

HOME PHONE _____

ADDRESS: _____

ISI CERTIFICATE NUMBER: _____

LOAN BALANCE: _____

DESCRIPTION OF COLLATERAL: _____

LOCATION OF PROPERTY FOR ADJUSTER USE: _____

ADDRESS _____

PHONE NUMBER _____