

ULTIMATE LOSS INSURANCE NOTICE OF LOSS

Name of Policy Holder _____ Policy # _____

Address _____

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS THIS CLAIM. SUBMIT A COPY OF EACH OF THE FOLLOWING:

1. Both sides of the security agreement.
2. Cancellation notice by primary insurance company
3. Photographs of damage.
4. Police report if theft or stripping alleged.

INFORMATION ON BORROWER

Name of Borrower _____

Address: _____ Present Employer: _____

Co-Maker _____ Relationship to Borrower _____

Address of Co-Maker _____

Additional Loan Amount \$ _____

INFORMATION OF COLLATERAL

Make _____ Body type _____ Year _____ Serial # _____ Cyl. _____ Model _____ Present Mileage _____

Date of repossession _____ of collateral (Present location) _____

Gross unpaid bal. _____ Net unpaid bal. _____ Present Net
at time of repo\$ _____ at time of repo\$ _____ unpaid balance \$ _____

PRIMARY PHYSICAL DAMAGE INSURANCE ON COLLATERAL

Was it obtained at date of loan? Yes ___ No ___ Insurance canceled or expired? Yes ___ No ___

INFORMATION ON LOSS

How did loss occur? (Date, circumstances, etc.) _____

Additional comments: _____

Date _____ 20 _____

Signature _____