



VPD PLUS CLAIM FORM

Borrower Name: _____ Account #: _____

Borrower Address: _____
(Street) (City) (State) (Zip)

Description of Collateral: Year: _____ Make: _____ Model: _____

Date of Loss: _____ Repo Date: _____ Mileage: _____
(At Time of Loss)

Payoff: _____ Amount Past Due More Than 120 Days: _____
(At Time of Loss)

How did loss occur? Comprehensive Collision Fire Theft Vandalism

Please Explain: _____

Lender Name: _____

Lender Address: _____
(Street) (City) (State) (Zip)

Completed By: _____ Phone: _____
(Please Print)

- THE FOLLOWING ITEMS MUST BE SENT ALONG WITH THIS COMPLETED FORM:**
- Copy of the certificate
 - Two repair estimates (for partial losses) or two salvage bids (for total losses)
 - Loan history which includes the net payoff as of the date of loss
 - Accident or loss report, if any
 - Photographs of damaged Insured Vehicle

FRAUD WARNING

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.