

AUTOMOBILE CLAIM FORM

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. Complete **SECTION 1**
2. Print your name, account number, and driver's license number in **SECTION 2**
3. If applicable, complete **SECTION 3**
4. Read, sign and date **SECTION 4**
5. Send **BOTH PAGES** of the completed, signed claim form and all applicable documentation, such as:
 - police and/or fire reports
 - copy of theft and recovery reports
 - clear photographs of all damaged areas of the vehicle, if drivable
 - repair estimates from 2 different repair shopsto Yosemite Insurance Company Claims Department
Keep a copy for your records



If you need assistance with this form, contact Yosemite Insurance Company at 1-800-325-2147, ext 5113294, or your lender.

SECTION 1 TO BE COMPLETED BY CLAIMANT (PLEASE PRINT)

CUSTOMER NAME			
ACCOUNT #			
MAILING ADDRESS			
DAYTIME PHONE # ()		EMAIL ADDRESS (OPTIONAL)	
IS THERE OTHER COMPREHENSIVE/COLLISION INSURANCE ON THIS VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, INSURANCE COMPANY NAME			
INSURANCE COMPANY PHONE # ()		POLICY #	
VEHICLE LOSS INFORMATION			
VEHICLE YEAR	MAKE	MODEL	VIN / SERIAL #
PURCHASE LOCATION		PURCHASE DATE	
NAME OF SELLER			
DATE OF LOSS		WERE YOU AT FAULT IN THE ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS WHERE LOSS OCCURRED			
CITY		STATE	ZIP
IS VEHICLE DRIVABLE YES <input type="checkbox"/> NO <input type="checkbox"/>		STATE WHERE VEHICLE REGISTERED	
PROVIDE DETAILS OF DAMAGE TO VEHICLE, INCLUDING INTERIOR, EXTERIOR AND ANY SPECIAL EQUIPMENT			
CURRENT LOCATION OF VEHICLE			
ADDRESS			
CITY		STATE	ZIP PHONE # ()
DETAILED STATEMENT OF THE CIRCUMSTANCES SURROUNDING THE THEFT OR LOSS			
POLICE/FIRE DEPT NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, POLICE/FIRE DEPT REPORT #	
DEPT NAME			
CITY		STATE	



SECTION 2 TO BE COMPLETED BY CLAIMANT (PLEASE PRINT)

CLAIMANT NAME _____ **ACCOUNT#** _____

DRIVER'S LICENSE # _____

SECTION 3 IF OTHER VEHICLE WAS INVOLVED, PROVIDE INFORMATION BELOW (PLEASE PRINT)

WAS OTHER VEHICLE INSURED				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, ARE YOU MAKING A CLAIM AGAINST OTHER OWNER'S INSURANCE COMPANY				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
OTHER OWNER'S INSURANCE COMPANY NAME							
PHONE # ()		POLICY #					
OWNER OF OTHER VEHICLE		FIRST		MI		LAST	
DAYTIME PHONE # ()		ADDRESS					
CITY		STATE		ZIP			
DRIVER OF OTHER VEHICLE		FIRST		MI		LAST	
DAYTIME PHONE # ()		ADDRESS					
CITY		STATE		ZIP			
NAME OF WITNESS TO ACCIDENT		FIRST		MI		LAST	
DAYTIME PHONE # ()		ADDRESS					
CITY		STATE		ZIP			

SECTION 4 CALIFORNIA INSURANCE FRAUD WARNING

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I HAVE READ AND UNDERSTAND THE INFORMATION ON BOTH PAGES OF THIS FORM. I AFFIRM THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

CLAIMANT SIGNATURE: _____ **DATE:** _____

IF CLAIM IS FOR THEFT, IT MUST BE SIGNED IN THE PRESENCE OF A BRANCH REPRESENTATIVE OR A NOTARY OFFICER

BRANCH REPRESENTATIVE SIGNATURE: _____

PLACE NOTARY OFFICER'S SEAL HERE IN TESTIMONY WHEREOF, I _____, HAVE HEREUNTO PRINTED OR TYPED NAME OF NOTARY OFFICER

SET MY HAND AND OFFICIAL SEAL, THIS _____ DAY OF _____, _____.

SIGNATURE OF AUTHORIZED OFFICER A _____ OFFICE

FOR THE COUNTY OF _____, STATE OF _____.

MY COMMISSION EXPIRES: _____

**MAIL TO: YOSEMITE INSURANCE CO.
P.O. BOX 39
EVANSVILLE, IN 47701**

OR FAX TO: 1-800-350-9582

OR EMAIL TO: InsClaims@onemainfinancial.com

