AUTOMOBILE CLAIM FORM

INSTRUCTIONS FOR COMPLETING THIS FORM:

- 1. Complete SECTION 1
- 2. Print your name and account 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 shops

to 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								
AYTIME PHONE # () EMAIL ADDRESS (OPTIONAL)								
IS THERE OTHER COMPREHENSIVE/COLLISION INSU	RANCE ON THIS VEHICLE YES NO							
IF YES, INSURANCE COMPANY NAME								
INSURANCE COMPANY PHONE # ()	POLICY #							
VEHICLE LOSS INFORMATION								
VEHICLE YEAR MAKE MODE	L VIN / SERIAL #							
DATE OF LOSS WERE	YOU AT FAULT IN THE ACCIDENT YES NO							
ADDRESS WHERE LOSS OCCURRED								
CITY	STATE ZIP							
IS VEHICLE DRIVABLE YES NO	STATE WHERE VEHICLE REGISTERED							
CURRENT LOCATION OF VEHICLE								
ADDRESS								
CITY	STATE ZIP PHONE # ()							
IN YOUR OWN WORDS, DESCRIBE HOW LOSS OCCUI	RED (MUST COMPLETE):							
POLICE/FIRE DEPT NOTIFIED YES NO	IF YES, POLICE/FIRE DEPT REPORT #							
CITY	STATE							
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CLA	IMA	NT	NAME	

ACCOUNT# _

SECTION 3	IF OTHER VEHICL	E WAS IN	VOLVED, PR		ORMATION	BELOW (PLE	ASE PRINT)	
WAS OTHER VEHIC	CLE INSURED Y	ES N	10					
IF YES, ARE YOU M	AKING A CLAIM AG	AINST OTHE	ER OWNER'S	INSURANCE	COMPANY	YES	NO	
OTHER OWNER'S I	NSURANCE COMPA	NY NAME						
PHONE # ()			POLICY #	ŧ				
OWNER OF OTHER	R VEHICLE	FIRST			MI	LAST		
DAYTIME PHONE #	±()		ADDRESS					
CITY			STATE	ZIP				
DRIVER OF OTHER	R VEHICLE	FIRST			MI	LAST		
DAYTIME PHONE #	±()			A	DDRESS			
CITY			STATE	ZIP				
NAME OF WITNESS	S TO ACCIDENT	FIRST			MI	LAST		
DAYTIME PHONE #	± ()		ADDR	ESS				
CITY			STATE	ZIP				

SECTION 4 INSURANCE FRAUD WARNING

For your protection, where applicable, State law requires the following statement to appear on this form. Any person who knowingly and with intent to defraud, files an application for insurance or statement of claim containing any materially false or fraudulent information, or knowingly conceals material information for the purpose of misleading, may be guilty of a crime and subject to denial of coverage, fines, confinement in prison and/or civil penalties.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

NEW YORK

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

PENNSYLVANIA

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

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:

MAIL TO: YOSEMITE INSURANCE CO. P.O. BOX 39 EVANSVILLE, IN 47701 _ DATE: ____

OR FAX TO: 1-800-350-9582

OR EMAIL TO: InsClaims@onemainfinancial.com

