

# Triton Insurance Company

P.O. Box 2548

Fort Worth, TX 76113-2548

Toll Free 800-307-0048 | Fax 800-350-9582 | [insclaims@omf.com](mailto:insclaims@omf.com)

Insured's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Account/Policy Number: \_\_\_\_\_

## Collateral Protection Claim Form - Important Information

**For Arizona residents only:** For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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

**If the loss is due to theft, the claim form must be signed in the presence of a branch representative OR a Notary Public.**

Branch representative's signature \_\_\_\_\_

I swear that the information in the completed claim form is true to the best of my knowledge.

Signed before me, a Notary Public in \_\_\_\_\_ County on \_\_\_\_\_, 20\_\_\_\_

My commission expires on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signee/Affiant

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Seal

**For New York residents only:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**For Pennsylvania residents only:** Any person who, with intent to defraud, knowingly submits an application to or files a claim with an insurance company or other person containing false, incomplete, misleading or deceptive facts, statements or information may be guilty of insurance fraud which is a crime and subjects such person to civil and criminal penalties that can include fines and confinement in prison.

**For residents of other states** (NOTE: None of these notices apply to Oregon residents.): Any person who, with intent to defraud, knowingly submits an application to or files a claim with an insurance company or other person containing false, incomplete, misleading or deceptive facts, statements or information or any insurance representative doing so to a policyholder or claimant with regard to a settlement or award payable from proceeds may be reported to the department of regulatory agencies and may be guilty of insurance fraud which is a crime and subjects such person to civil and criminal penalties that include fines and confinement in prison.

Usted puede obtener la versión en español de este formulario de reclamación en el sitio web de OneMain Solutions - [www.onemainsolutions.com](http://www.onemainsolutions.com) - Find a Form

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### Collateral Protection Claim Form - Instructions

**1**

- ☐ 1. Fully complete, sign, and date Insured's Section.
- ☐ 2. If the vehicle is drivable, provide clear photographs of all damaged areas and 2 different repair estimates.
- ☐ 3. Provide documents which verify the date and cause of loss. Proof may include:
  - ☐ A copy of police report
  - ☐ A copy of fire report
  - ☐ A copy of theft report (required for all stolen vehicles)
  - ☐ A copy of recovery report

**2**

- ☐ Depending on your policy requirements, additional documentation may be required.
- ☐ It is important to submit a fully completed, signed, and dated claim form and required documentation to avoid delays in processing your claim. Altered claim forms may not be accepted.
- ☐ Please be aware email is not considered a secure method of delivery for personal/medical information.

**3**

Please return your completed claim form and supporting documents to us in one of the following ways:



**Email:** [insclaims@omf.com](mailto:insclaims@omf.com)

Please be sure to include your name and account number/claim number in the subject line of your email.



**Upload** online:

[www.OneMainSolutions.com/forms](http://www.OneMainSolutions.com/forms)



**Mail:** OneMain Solutions

P.O. Box 2548  
Fort Worth, TX 76113-2548



**Fax:** 800-350-9582

### We are here to help!

Our Customer Solutions team is available to assist you  
Monday through Friday, 8:00 am to 8:00 pm ET.



Toll free:  
800-307-0048



Chat:  
[www.OneMainSolutions.com](http://www.OneMainSolutions.com)



Text:  
60223

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Toll Free 800-307-0048 | Fax 800-350-9582 | [insclaims@omf.com](mailto:insclaims@omf.com)**Insured's Name:** \_\_\_\_\_ **Claim Number:** \_\_\_\_\_**Account/Policy Number:** \_\_\_\_\_

Collateral Protection Claim Form Insured's Section - To be completed by insured.			
Name			
Mailing address		City	State Zip
Telephone number		Email address (optional)	
Vehicle year	Vehicle Make		Vehicle Model
Last 7 of VIN number		State where vehicle is registered	
Is there other comprehensive/collision insurance on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, insurance company name			
Insurance company telephone number		Policy number	
Date of loss (mm/dd/yy)			
Street address where loss occurred		City	State Zip
Is vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you at fault in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of establishment where vehicle is currently located			
Establishment address		City	State Zip
Establishment telephone number			
Detailed statement of the circumstances surrounding theft or loss  _____  _____  _____			

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**Account/Policy Number:** \_\_\_\_\_

<b>Collateral Protection Claim Form</b> <b>Insured's Section - To be completed by insured.</b>
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Was the police/fire department notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, police/fire department report number
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Name of police/fire department	City	State
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If other vehicle was involved, was the other vehicle insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, are you filing a claim with the other owner's insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of other owner's insurance company
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Insurance company telephone number	Policy number
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Name of owner of the other vehicle (First MI Last)	Telephone number
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Mailing address	City	State	Zip
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Name of driver of the other vehicle (First MI Last)	Telephone number
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Mailing address	City	State	Zip
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I certify the vehicle was not being used for public or livery transportation, in a fraudulent, criminal, willful or deliberate act by me, the insured.

**Signature** \_\_\_\_\_ **Date** (mm/dd/yy) \_\_\_\_\_

***I affirm the information I have provided herein is accurate and complete.***

**Signature** \_\_\_\_\_ **Date** (mm/dd/yy) \_\_\_\_\_