

CREDIT INSURANCE GENERAL AGENCY

P.O. Box 1580 • Mandeville, La. 70470-1580 • 1-800-779-5628

COMBINED LOSS NOTICE AND ADJUSTERS CERTIFICATION (Automobile)

VSI / COLLATERAL PROTECTION – If checked – also complete reverse side

Claims will be returned if the following documents are not attached to this form presented to our office: copy of policy, security listing, copy of sales contract for each item claimed (FOR SALES FINANCE ACCOUNTS ONLY), fire and/or police report (or document verifying loss), ledger card (for leases and M.O.B.), and salvage bids and repair estimates for auto losses.

INSURANCE COMPANY _____

____ BRANCH OFFICE NAME _____ ADDRESS _____ PHONE # _____ AGENT _____	AGENT PHONE (A/C NO. EXT.)	FOR COMPANY USE ONLY		
	COMPANY	POLICY/CERTIFICATE NUMBER	CAT #	
	POLICY FEE DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	DATE (MM/DD/YY) & TIME OF LOSS	PREVIOUSLY REPORTED
				A.M. YES P.M. NO

CUSTOMER INFORMATION

NAME AND OWNER OF VEHICLE	RESIDENCE PHONE (A/C NO.)	BUSINESS PHONE (A/C NO. EXT.)
	COMMENTS	WHERE TO CONTACT
		WHEN
	CONTACT'S RESIDENCE PHONE (A/C NO.)	CONTACT'S BUSINESS PHONE (A/C NO. EXT.)

LOSS

BRIEF LOCATION OF ACCIDENT (INCLUDING CITY & STATE)	AUTHORITY CONTACTED & REPORT NO.	VIOLATIONS CITATIONS
DESCRIPTION OF ACCIDENT		

OTHER COVERAGES & DEDUCTIBLES

YES NO CAR HAS BEEN REPOSSESSED? YES NO DO YOU HAVE NON-REPO INCLUDED IN POLICY?

INSURED VEHICLE

VHL NO	YEAR, MAKE, MODEL	VIN. (VEHICLE IDENTIFICATION)	PLATE NO.
OWNER'S NAME & ADDRESS			PHONE (A/C NO., EXT.)
DRIVER'S NAME & ADDRESS (CHECK IF SAME AS OWNER) <input type="checkbox"/>		RESIDENCE PHONE (A/C NO.)	BUSINESS PHONE (A/C NO., EXT.)
RELATION TO OWNER (EMPLOYEE, FAMILY, ETC.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE
			USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN VEHICLE BE SEEN?	WHEN OTHER INSURANCE ON VEHICLE

OTHER PARTY – Please Complete for Subrogation Purposes

DESCRIBE PROPERTY (IF AUTO YEAR, MAKE, MODEL, PLATE NO.)	OTHER VEH OR PROPERTY INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME & POLICY NO.
OWNER'S NAME & ADDRESS	BUSINESS PHONE (A/C NO., EXT.)	RESIDENCE PHONE (A/C NO.)
OTHER DRIVER'S NAME & ADDRESS (CHECK IF SAME AS OWNER) <input type="checkbox"/>	BUSINESS PHONE (A/C NO., EXT.)	RESIDENCE PHONE (A/C NO.)
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN DAMAGE BE SEEN

WITNESSES

NAME & ADDRESS	PHONE (A/C NO.)	INS VEH	OTHER VEH	OTHER (SPECIFY)

REMARKS INCLUDE ADJUSTER ASSIGNED

REPORTED BY	REPORTED TO	SIGNATURE OF AGENT
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SINGLE INTEREST AUTO LOSSES, PLEASE COMPLETE BACK OF FORM.

EFFECTIVE DATE _____ EXPIRATION DATE _____

AMOUNT OF INSURANCE _____ PREMIUM _____ BALANCE _____

TYPE OF LOSS _____ DEGREE OF LOSS _____ TOTAL
(Collision, Vandalism, Fire, Theft, etc.)

DATE OF LOSS _____ PARTIAL (Must list items)

LOCATION OF ACC (Including City & State) AUTHORITY, DESCRIPTION OF ACC

IF ADDITIONAL SPACE NEEDED USE REVERSE SIDE.

IMPORTANT – The following formula must be completed if claim is for Single Interest Auto:

- 1. Single Interest – Amount of insurance \$ _____
- 2. Total original loan amount \$ _____
- 3. Less payments on loan \$ _____
- 4. Less refunds, insurance, interest, etc. \$ _____
- 5. Net Balance (No. 2 minus No. 3 & No. 4) \$ _____
- 6. Less salvage \$ _____
- 7. Balance (No. 5 minus No. 6) \$ _____
- 8. Less payments 30 days past due \$ _____
- 9. Insurance pays (no. 7 minus No. 8 if less than actual value) \$ _____

TITLE AND INTEREST:

The insured was the sole owner of the automobile at the time of the loss or damage and no other person had any interest therein, by bailment lease, conditional sale, mortgage or other encumbrance or otherwise, except: _____

OTHER INSURANCE USE:

At the time of this loss, there was no other insurance on said automobile covering the same perils except: _____

At the time of this loss, the said automobile was being used for _____ and was not being used to carry passengers for compensation or rental or leased or for any illegal purpose except: _____

SUBROGATION:

The Insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the Insured and the Insured in consideration of the payment made under this policy subrogates the said Company to all rights and causes of action the said Insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

Actual Cash Value	or Repairs	Amount Deductible	Amount Claimed Under This Policy
\$ _____	\$ _____	\$ _____	\$ _____

The said loss or damage did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of insurance, not in consequence of any fraud or evil practice done or suffered by me/us and that no property saved has in any manner been concealed.

It is expressly understood and agreed that the furnishing of this blank or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

State of _____

County of _____ Assured

Subscribed and sworn to before me this _____ day of _____, 19____.