

NOTICE OF LOSS – VSI/CPI



Southeastern Underwriters, Inc.

Please complete as many sections as possible and submit any supporting documentation.
Return to claims@suigroup.com

TYPE OF CLAIM

Physical Damage Skip Theft Non-Filing Confiscation Other

Date: _____ Loan No.: _____ Note Date: _____

Borrower(s): _____ Phone: _____

Last Known Address: _____

Collateral: _____ Serial/VIN: _____ Date of Loss: _____

Number of payments made: _____ Extensions: _____ Date of Last Payment: _____

Present location of collateral: _____

Contact: _____ Phone: _____

Repo Date: _____ Net Pay-Off: _____

Date of Delinquency: _____ Last Known Insurance Co: _____

CLAIMS PROCESSING WILL BE EXPEDITED BY SUBMITTING LEGIBLE COPIES OF THE FOLLOWING ITEMS:

1. Loan instrument
2. Credit application
3. Title
4. Police report
5. Payment history
6. Affidavit of repossession
7. Agreement to provide insurance
8. All Professional and In-House Skip Tracing Info Including Notes and Worksheets
9. Credit Bureau Reports

ALSO COMPLETE THIS SECTION IF SKIP LOSS

Last known employer/phone: _____

Relatives and/or references: Name: _____ Address: _____ Phone: _____

Relatives and/or references: Name: _____ Address: _____ Phone: _____

Date first payment due: _____ Date last payment made: _____

No. of payments made: _____ @ _____ Partials: _____ @ _____

Date of Delinquency: _____ Last Known Insurance Co: _____

The Insured hereby subrogates the said Company to all rights and remedies of the Insured with respect to said loss and will assign said instrument to the Company. The Insured has no other similar instrument or indemnity applicable to this loss. In the event the Borrower offers any payment to the Insured, or if the location of the Borrower or collateral is not known but becomes known, the Insured will immediately notify the Company in writing. The Insured agrees to refrain from accepting or making any partial or full settlement with the Borrower without authorization from the Company.

Additional Information: _____

Lender: _____

Address: _____ Phone: _____

FORM COMPLETED BY

Name: _____

Title: _____ Email: _____