



Southeastern Underwriters, Inc.

# NOTICE OF LOSS – VSI/CPI

Please complete as many sections as possible and submit any supporting documentation.  
Return to [claims@suigroup.com](mailto: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: \_\_\_\_\_

SUI | P.O. Box 15420 | Richmond, VA 23227-5420 | 800.777.1815

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