

CPI CLAIM CHECKLIST

CUSTOMER NAME: _____

- Date of Accident
- Mileage
- Copy of Retail Contract
- Net Payoff
- Copy of Claim Form
- Police/Incident Report
- Photos - All 4 Sides
- Estimate

NOTES

*****FOR AVP CLAIM DEPT USE ONLY*****

- ACV
- Third Party Insurance

Assured Vehicle Protection Collateral Protection Insurance - Claim Form

LENDER INFORMATION

Lender				Policy #	
Address					
City		State		Zip Code	
Claim Contact Person					
Phone #					
Email					

BORROWER INFORMATION

Borrower				Certificate #	
Address					
City		State		Zip Code	
Phone #			Email		

COLLATERAL INFORMATION

Vehicle Year		Make		Model	
Vin#				Mileage	

CURRENT LOCATION OF VEHICLE

With Lender	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Body Shop/Tow Lot Name		
Other Location - Description					
Address					
City		State		Zip	
Phone#			Contact Person		

TO PROCESS A CPI CLAIM, EMAIL THIS FORM AND THE BELOW REQUIRED INFORMATION TO: claims@avpadmin.com

Date of Accident _____

Police/Fire Report emailed Yes No
If No; Why was there no report? _____

Pictures of damaged vehicle emailed to AVP
 Front Inside if applicable
 Drivers side
 Rear
 Passenger side

Estimate to repair: Parts & Labor- email to AVP

Does the vehicle have a salvage or branded title? Yes NO

Copy of Title or equivalent form evidencing lenders lien. Emailed

Copy of Retail Installment Contract. Emailed

Current Net Payoff _____

\$ Amount of behind payments over 120 days _____

Repossession Date _____

Location of Accident _____

Is the vehicle still being driven?
 Yes No

Who was driving when the accident occurred?

Was the driver of the other vehicle at fault?
 Yes No

Amount of insurance payment from the other driver's insurance company _____

Brief description of accident _____

Email This Claim Form and Required Information email to claims@avpadmin.com
 Phone 877-428-7252, Fax 913-396-5643 Assured Vehicle Protection, P.O. Box 9320, Mission, KS 66201

For AVP USE: ACV: _____

Salvage Value: _____