

## Notice of Auto Insurance Claim

Please use this form when presenting a claim under your title insurance policy. **Complete each item. Type or print legibly.** Return this form together with all pertinent documentation.

Policy No. 011222567      Date of Policy 09/12/67

Claimant Name:      Joe Engineer

Insured Name:      Joe Engineer

Insured Name:

Claimant Mailing Address:    123 Sesame Street, 123456, TI USA

Telephone:

Home (\_\_\_\_)\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_

Office (\_\_\_\_)\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_

Mobile (\_\_\_\_)\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_

Insured Property Address \_\_\_\_\_

If you are represented by an Attorney, please provide:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

### NOTE:

**If you have an attorney, our initial response to your claim will be made to your attorney.**

### DESCRIBE YOUR CLAIM ON A SEPARATE SHEET OF PAPER.

Include the following:

- Complete Notice of Claim form
- Contact information for the claimant

- A copy of your Policy, including the Policy Jacket.
- Copy of Summons and Complaint, including exhibits, if you have been sued.
- Copy of any answer filed by you or on your behalf.
- Date you received notice of the alleged title problem.
- A detailed description of the alleged title problem.
- The name and telephone number of any other party involved.
- The current status of the alleged title problem.
- A statement describing what you are asking the Company to do (for example, remove a lien, defend you in a lawsuit or pay you for loss).
- Any correspondence or other pertinent information you have received relating to this matter, including letters, surveys, etc.

**VERY IMPORTANT: HAVE YOU BEEN SUED?**

\_\_\_\_ YES. I received the papers on \_\_\_\_/\_\_\_\_/\_\_\_\_.

- *A copy of the Summons and Complaint and any response or answer filed on your behalf must be sent to the Company together with this form.*
- *Has anyone filed a response or answer on your behalf? Yes \_\_\_\_ No \_\_\_\_*

\_\_\_\_ NO.

By signing this notice, the undersigned acknowledge a duty under the policy to cooperate with the Company in the handling of this matter and in any litigation. The undersigned agree to provide any further information required by the Company.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

**Important Notices:**

1. **All claims must be submitted in writing.** Verbal notifications of claims will not be accepted.

2. Claims must be sent to one of the following:

**Email Address:**  
**contus@insurance.com**

**Mailing Address:**  
Insurance Company  
Example ST  
Chapel Hill, NC 27514

**Overnight Address:**  
Insurance Company  
Example ST  
Chapel Hill, NC 27514

**Fax Number:** 882-098-7654

3. If you do not receive a written acknowledgement of your claim from Investors Title Insurance Company within one (1) week of the submission of your claim, please call to confirm the receipt of your claim.