## **AUTOMOBILE CLAIM FORM**

## INSTRUCTIONS FOR COMPLETING THIS FORM:

- 1. Complete SECTION 1
- 2. Print your name and account number in SECTION 2
- 3. If applicable, complete SECTION 3
- 4. Read, sign and date SECTION 4
- Send BOTH PAGES of the completed, signed claim form and all applicable documentation, such as:
  - · police and/or fire reports
  - · copy of theft and recovery reports
  - · clear photographs of all damaged areas of the vehicle, if drivable
  - · repair estimates from 2 different repair shops

to Yosemite Insurance Company Claims Department

Keep a copy for your records

If you need assistance with this form, contact Yosemite Insurance Company at 1-800-325-2147, ext 511329	4, or your lender
SECTION 1 TO BE COMPLETED BY CLAIMANT (PLEASE PRINT)	
CUSTOMER NAME 1305 TALL	
ACCOUNT# 44444	# MCTTON
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DAYTIME PHONE # (581) 4/1-/234 EMAIL ADDRESS (OPTIONAL)	minging anomalies
IS THERE OTHER COMPREHENSIVE/COLLISION INSURANCE ON THIS VEHICLE  YES NOTE:	
IF YES, INSURANCE COMPANY NAME	or unvising to t
INSURANCE COMPANY PHONE # ( ) POLICY #	intoh Ususoen i Indonen Julia Iva
VEHICLE LOSS INFORMATION	4061 to represent
VEHICLE YEAR 2001 MAKE GIVL MODEL CANYUN VIN/SERIAL # 450000	756
DATE OF LOSS 7 1 24 WERE YOU AT FAULT IN THE ACCIDENT YES NO	7.0
ADDRESS WHERE LOSS OCCURRED South and Rural	pala ne con con
CITY TOWEL STATE OF ZIP 85253	or chalded sery to
IS VEHICLE DRIVABLE YES NO STATE WHERE VEHICLE REGISTERED A	7
CURRENT LOCATION OF VEHICLE Sun Valley Suk yard	OTW DOMESTIC
ADDRESS flotte attestice one service a service advantage transporter attention courses lighted that	VIR ORGANISA
CITY STATE ZIP PHONE# (	1
IN YOUR OWN WORDS, DESCRIBE HOW LOSS OCCURRED (MUST COMPLETE):	
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CITY STATE 86 XOB G.S	
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