

# 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**
5. 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 shopsto 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 5113294, or your lender.



## SECTION 1 TO BE COMPLETED BY CLAIMANT (PLEASE PRINT)

CUSTOMER NAME			
ACCOUNT #			
MAILING ADDRESS			
DAYTIME PHONE # ( )		EMAIL ADDRESS (OPTIONAL)	
IS THERE OTHER COMPREHENSIVE/COLLISION INSURANCE ON THIS VEHICLE		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, INSURANCE COMPANY NAME			
INSURANCE COMPANY PHONE # ( )		POLICY #	
<b>VEHICLE LOSS INFORMATION</b>			
VEHICLE YEAR	MAKE	MODEL	VIN / SERIAL #
DATE OF LOSS	WERE YOU AT FAULT IN THE ACCIDENT		YES <input type="checkbox"/> NO <input type="checkbox"/>
ADDRESS WHERE LOSS OCCURRED			
CITY		STATE	ZIP
IS VEHICLE DRIVABLE	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE WHERE VEHICLE REGISTERED	
CURRENT LOCATION OF VEHICLE			
ADDRESS			
CITY	STATE	ZIP	PHONE # ( )
IN YOUR OWN WORDS, DESCRIBE HOW LOSS OCCURRED (MUST COMPLETE):			
POLICE/FIRE DEPT NOTIFIED		YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, POLICE/FIRE DEPT REPORT #
DEPT NAME			
CITY		STATE	



**SECTION 2 TO BE COMPLETED BY CLAIMANT (PLEASE PRINT)**

CLAIMANT NAME \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

**SECTION 3 IF OTHER VEHICLE WAS INVOLVED, PROVIDE INFORMATION BELOW (PLEASE PRINT)**

WAS OTHER VEHICLE INSURED				YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, ARE YOU MAKING A CLAIM AGAINST OTHER OWNER'S INSURANCE COMPANY				YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER OWNER'S INSURANCE COMPANY NAME					
PHONE # (     )		POLICY #			
OWNER OF OTHER VEHICLE		FIRST	MI	LAST	
DAYTIME PHONE # (     )		ADDRESS			
CITY		STATE	ZIP		
DRIVER OF OTHER VEHICLE		FIRST	MI	LAST	
DAYTIME PHONE # (     )		ADDRESS			
CITY		STATE	ZIP		
NAME OF WITNESS TO ACCIDENT		FIRST	MI	LAST	
DAYTIME PHONE # (     )		ADDRESS			
CITY		STATE	ZIP		

**SECTION 4 INSURANCE FRAUD WARNING**

For your protection, where applicable, State law requires the following statement to appear on this form. Any person who knowingly and with intent to defraud, files an application for insurance or statement of claim containing any materially false or fraudulent information, or knowingly conceals material information for the purpose of misleading, may be guilty of a crime and subject to denial of coverage, fines, confinement in prison and/or civil penalties.

**COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

**NEW YORK**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**PENNSYLVANIA**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

I HAVE READ AND UNDERSTAND THE INFORMATION ON BOTH PAGES OF THIS FORM. I AFFIRM THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

CLAIMANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL TO: YOSEMITE INSURANCE CO.  
P.O. BOX 39  
EVANSVILLE, IN 47701

OR FAX TO: 1-800-350-9582

OR EMAIL TO: [InsClaims@onemainfinancial.com](mailto:InsClaims@onemainfinancial.com)