



CLAIMS REPORTING FORM

DEALER INFORMATION			DRIVER INFORMATION		
Dealer Name			Name		
NextGear Capital Dealer Number			Address		
Contact Person			City	State	Zip
Mailing Address			Home Phone #		
City	State	Zip	Work Phone #		
Phone	Fax		License #		
Cell	Email		Date of Birth		
			Insurance Carrier/Agent & Number		
			Policy/Claim Number		
ACCIDENT DETAILS			VEHICLE INFORMATION		
Date of Loss	(Damage, Accident, Theft) Choose an item.		Year	Make	
Location of Accident			Model	Color	
Details			Vin		
Have you filed a police report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Plate		
			Vehicle Location		
			Phone # at Location		
			Area Damaged		

Repairs made without prior estimate approval or inspection from our independent appraiser will NOT be reimbursed or credited.

For Additional Information or to report a loss contact:

Additional Requirements:

- ☐ Proof of Purchase (Auction Invoice)
- ☐ Police Report (Accident)



Toll-Free: 800.815.8280

Fax: 866.924.4525

collateralprotection@nextgearcapital.com