

CLAIM INSTRUCTION SHEET

ENCLOSED PLEASE FIND THE CLAIM FORM YOU REQUESTED. YOU WILL FIND MOST ANSWERS ON YOUR CREDIT INSURANCE CERTIFICATE WHICH WAS ISSUED TO YOU WHEN YOU BOUGHT YOUR CAR.

HELPFUL TIPS:

- CERTIFICATE #.....LOCATED IN THE UPPER RIGHT HAND CORNER OF CERTIFICATE
- EFFECTIVE DATE...DATE YOU BOUGHT VEHICLE (SEE CERT)
- TERM...HOW MANY MONTHS YOU FINANCED YOUR CAR FOR.
- MONTHLY INDEMNITY OR BENEFIT.....PAYMENT AMOUNT (PLEASE SPECIFY HOW PAYMENT IS PAID-WEEKLY, BI-WEEKLY ETC...)
- CREDITOR/LENDING INSTITUTION...WHO YOU MAKE YOUR PAYMENTS TO
- CREDITOR ADDRESS....USE THE ADDRESS YOU MAKE YOUR PAYMENTS TO
- ACCOUNT NUMBER...YOUR ACCOUNT # WITH YOUR LENDER
- POLICY ISSUED BY/MASTER POLICY NUMBER...DEALERSHIP YOU PURCHASED VEHICLE FROM

YOU MUST BE OFF WORK FOR 15-30 DAYS TO FILE CLAIM. CHECK YOUR CERTIFICATE FOR YOUR WAITING PERIOD.

PLEASE ALLOW AT LEAST **SIX WEEKS** FOR YOUR CLAIM TO BE PROCESSED. MEDICAL RECORDS HAVE TO BE ORDERED AND THIS CAN TAKE TIME. YOU ARE RESPONSIBLE FOR MAKING YOUR PAYMENTS UNTIL YOU HEAR FROM THE INSURANCE COMPANY.

DO NOT DEPEND UPON YOUR PHYSICIAN OR EMPLOYER TO MAIL YOUR CLAIM FOR YOU. TAKE THEM IN PERSON TO AVOID ANY POTENTIAL DELAYS.

PLEASE MAIL YOUR CLAIM TO THE ADDRESS ON THE CLAIM FORM!

IF YOU ARE OFF MORE THAN A MONTH AND DO NOT RECEIVE A CONTINUATION FORM FROM YOUR INSURANCE COMPANY PLEASE CALL DEALERS RESOURCES @ 1-800-424-0374 AND WE WILL GET ONE TO YOU.

IF YOU NEED ANY FURTHER ASSISTANCE, PLEASE CALL DEALERS RESOURCES @ 1-800-424-0374 AND WE WILL BE HAPPY TO ASSIST YOU.