

**AUTO LINE
Customer Claim Form**

Case number: [REDACTED]
Contact Date: [REDACTED]
Start Date: [REDACTED]

Please make any necessary corrections to the information below, print or verify your VIN number and lienholder/leasing company information at the bottom of this page, and complete the missing information in [REDACTED] on the next page (attach additional sheets as needed).

CUSTOMER INFORMATION

Titled owner: [REDACTED]		
Mailing address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip code: [REDACTED]
Day phone: () -	Evening phone: [REDACTED]	Cell phone: () -
Fax: [REDACTED]	E-mail address [REDACTED]	

VEHICLE INFORMATION

Make: [REDACTED]	Model: [REDACTED]	Year: [REDACTED]	Current mileage: [REDACTED]
Name(s) that appears on the vehicle title: [REDACTED]			
Selling dealer/city/state: [REDACTED]		[REDACTED]	
Primary Servicing dealer/city/state: [REDACTED]			
Acquired as <input checked="" type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> demo <input type="checkbox"/> leased	Is your vehicle Certified Pre-Owned? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Purchase/lease date: [REDACTED]	Mileage at purchase/lease: 0		
[REDACTED] date: [REDACTED]	[REDACTED] mileage: [REDACTED]		
How often is the vehicle used for business purposes (percentage): 0 %	Number of vehicles owned or leased by the business:	Is the vehicle in your possession? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Has the vehicle been in an accident/had body damage? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Date of accident:	
Description of damage:			

DESIRED OUTCOME (Describe what you want done to resolve your concern)

This is probably the most frightening thing that has happened to me, we were driving on an expressway with no shoulder when the car gave out there were semi trucks coming at us cars coming so quickly the car was shaking. My kids are very afraid to get even in a car right now, thankfully nothing happened. The tow truck then brings us up onto the flatbed to drive us [REDACTED] out. The car would not even go into neutral so they had to drag the car on the flatbed. I do not feel comfortable getting back into this vehicle with my family.

Please complete the missing information in the box below and on [REDACTED].

VEHICLE IDENTIFICATION NUMBER [REDACTED]



