



PO Box 310
McAllen TX 78505-0310

800-284-9783
956-682-1353
fax 956-686-0732
claim@ICclaims.com

To whom it may concern,

Please be advised International Claims Service is a Claims Administrator for HDI Seguros, a Mexico-based Insurance Company.

We respectfully request you submit **all** documents marked off on the attached checklist. These documents are essential in presenting a claim with HDI Seguros. Should additional information be needed, we will advise you accordingly. To expedite your claim, you may fax/email documents to my office but originals/ hard copies must be mailed.

HDI Seguros will review all claims presented and they will initiate their own investigation.

Should you have further questions regarding the claims process, please do not hesitate in contacting me directly at (800) 284-9783 between the hours of 8:30 a.m. to 4:30 p.m. CST.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jorge Treviño', with a stylized flourish at the end.

Jorge Treviño
Claims Manager

The logo for HDI Seguros features the letters 'HDI' in a large, bold, green font. A small red square is positioned between the 'H' and the 'D'. Below 'HDI', the word 'Seguros' is written in a smaller, black, sans-serif font.

DOCUMENT CHECKLIST

In order to initiate and process your claim, send all documents.

Documents can be faxed or emailed to expedite the claims process; however, **you must mail an original of the following:**

- ICS Declaration form (page 3 & 4)
- Mexico Police Reports (3) * ***all 3 original reports must be submitted***
 - ***Ministerio Publico/Procuraduria General de Justicia***
 - ***Policia Federal Preventiva***
 - ***Policia Municipal***
- U.S. Police Report
- Original Title signed (or Bill of Sale - if no title)
 - *If still being financed, specify Lienholder information below so we can request a Guarantee of Title*
- Keys
- Photos (*email acceptable*)

The following can be copies (email/fax version is acceptable if **CLEAR**):

- Policy
- Driver's License or Passport (clear copy)
- U.S./ Canadian Insurance Denial/Acceptance Letter
- Volante de Admision (Mexico adjuster's report)
- Vehicle Title or Registration
- Proof of Residence (copy of monthly bill such as electricity, phone or water)

If applicable (must mail originals):

- **Explanatory letter** (signed) if not reported in Mexico to HDI Seguros or police
- Vehicle importation permit

Lienholder Name _____

Address _____

Phone # _____

Account # _____ Pay Off Balance _____

Upon receipt of the above-mentioned information and documents, we will open a file and present your claim to HDI Seguros, the Mexico Insurance Company for consideration and review. To avoid any delays, please fax/email as specified above and **MAIL HARDCOPIES** as mentioned above.



DECLARATION

Name _____

Address _____
street city state zip

Phone # _____ Home _____ cell _____ other _____

_____ Home _____ cell _____ other _____

email _____

Policy# _____ Agent _____

Declares that vehicle: Year _____ Make _____ Model _____ License Plates # _____

VIN# _____ suffered a loss caused by **THEFT**

On _____, 20 ____ about _____ a.m./p.m., in the city/state of _____
month day time

Making a formal statement as to the details of this accident/claim, which he/she hereby submits. The above-mentioned policy was in force at the time of the accident and will expire on _____, 20 ____.

Place of Theft _____

Who was driving the vehicle? _____

Vehicle mileage _____

Name, address and phone # 's for passengers _____

Witness name, address and phone # _____

How did the theft occur? _____

Which police department took the report? _____





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Was anyone cited for this loss? _____

Did you receive any settlement amount for damages? _____

Was HDI Seguros notified of loss while in Mexico? No Yes, Report # _____

Name of Mexico adjuster who assisted you _____

***** If you did not notify HDI Seguros prior to exiting Mexico as specified on your "Policy Conditions," please include a signed, explanatory letter with this loss.**

I declare that I have faithfully stated all the details relative to the accident and my claim and am willing to furnish all information, which HDI Seguros may require. I declare that neither I, nor anyone else, have violated the terms, conditions and provisions of this policy. I declare that I will not accept any responsibility without the written consent of the company and will immediately notify HDI Seguros of any change or discretion on the above mentioned loss/claim.

Date _____20_____

Driver 's signature _____





Beneficiary Information
(Information requested Art. 140 of Mexican Insurance Law)

Name _____
(Registered Owner) First Middle Last

Insured Name (if different from registered owner) _____

All information below is for **Registered Owner**:

Nationality _____

Driver License # _____

Passport # _____

Visa:

FMT Tourist _____ FM3 _____

FMN Business _____ M2 _____

Occupation _____

Address in USA/Canada _____

Date of Birth _____

e-mail _____

USA/Canadian Phone # _____ Alternative # _____

Address in Mexico (if applicable) _____

Mexico Phone # _____

Documents attached:

Passport copy ___ Yes ___ No

Driver license copy ___ Yes ___ No

Date _____ Signature _____