



P.O. Box 310  
McAllen, TX 78502-0310  
T: 800-284-9783  
F: 956-686-0732

To Whom It May Concern:

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

We respectfully request you submit any and all documents marked off on the attached checklist. These documents are essential in presenting a claim with the Mexico-based Insurance Company. **Upon receipt, a file will be opened.** Should additional information be needed, we will advise you accordingly. To expedite your claim, you may fax documents to my office and *originals/ hardcopies must be mailed.*

The Insurance Company will review all claims presented and they will initiate their own investigation. Our Mexico-based Insurance Company will decide which deductible amount applies, (depending on the type of loss and/or if set amount is NOT listed on your policy); and, should your deductible be waived, there is high probability that the responsible party has paid said amount or you or, the Representative has received written documentation of same.

***\*\*\*Please note that if the claim being presented is for towing expense reimbursement only and the Insurance Company was not properly notified prior to your exiting Mexico, a written letter of explanation along with original receipts will be required for processing. These documents will be forwarded to the Mexico insurance company and undergo an approval process of (8) weeks or more.\*\*\****

Should you have further questions regarding the above-mentioned, 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 Trevino', written over a horizontal line.

Jorge Trevino  
Claims Manager



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### DECLARATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Policy#: \_\_\_\_\_ Agent: \_\_\_\_\_

Declares that vehicle, Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plates #: \_\_\_\_\_

VIN#: \_\_\_\_\_ suffered a loss caused by Collision \_\_\_\_\_ Other \_\_\_\_\_

On: \_\_\_\_\_, 20\_\_\_\_ about \_\_\_\_\_ a.m./ p.m., in the city of \_\_\_\_\_

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 loss/accident: \_\_\_\_\_

Who was driving the vehicle? \_\_\_\_\_

Name, address and phone #'s for passengers: \_\_\_\_\_

Witness name, address and phone #'s: \_\_\_\_\_

How did the accident occur? \_\_\_\_\_

Which police dept. took report? \_\_\_\_\_

Was anyone cited for this loss? \_\_\_\_\_

Did you receive any settlement amount for damages? \_\_\_\_\_

What damage did the vehicle sustain as a direct result of the accident? \_\_\_\_\_



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Is the vehicle drivable? \_\_\_\_\_ If not, where is the vehicle at this time? \_\_\_\_\_

Was Insurance notified of loss while in Mexico? \_\_\_\_\_ If "yes", report # given: \_\_\_\_\_

Name of Mexico adjuster who assisted you: \_\_\_\_\_

\*\*\* If you did not notify Insurance prior to exiting Mexico, as specified on your "Conditions Booklet"; please include a signed, explanatory letter with this loss.

What damage did the vehicle cause to "Property of Others"? \_\_\_\_\_

Year, Make, Model & Type: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Third Party's name, address and phone #'s: \_\_\_\_\_

Were any pedestrians injured? \_\_\_\_\_ Name, address and phone #'s: \_\_\_\_\_

Have you filed a claim for damage or injuries? \_\_\_\_\_ For what reason? \_\_\_\_\_

Amount? \_\_\_\_\_

Injuries To Occupants	Name	Address	Phone	Age	Injuries

Where were they treated? \_\_\_\_\_

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, Insurance 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 Insurance of any change or discretion on the above-mentioned loss/ claim.

Date \_\_\_\_\_, 20\_\_\_\_. Driver's signature \_\_\_\_\_



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- This will serve as an acknowledgement of your claim that occurred in Mexico. In order to initiate and process your claim, send any/all documents in your possession:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Policy   | <input checked="" type="checkbox"/> Towing Receipts<br>(Original needed)                               | <input checked="" type="checkbox"/> Title (clear copy-if paid off)                               |
| <input checked="" type="checkbox"/> Police Report *<br>(If one provided)                     | <input checked="" type="checkbox"/> Driver's License (clear copy)                                      | <input checked="" type="checkbox"/> Registration (clear copy)                                    |
| <input checked="" type="checkbox"/> Permit of Importation<br>(Vehicle Permit- Copy)          | <input checked="" type="checkbox"/> Passport (clear copy)  | <input checked="" type="checkbox"/> Death Certificate (original)                                 |
| <input checked="" type="checkbox"/> Volante de Admision<br>(MX adjuster's Inspection Report) | <input checked="" type="checkbox"/> Int'l Claims Declaration<br>(Loss Report Attached)                 | <input checked="" type="checkbox"/> HDI Seguros (Adenda/Beneficiary)<br>(Attached)               |
| <input checked="" type="checkbox"/> U.S./ Canada Insurance Card (copy)                       | <input checked="" type="checkbox"/> Bill of Sale (clear copy-if no title)                              | <input checked="" type="checkbox"/> This loss MUST be reported to USA<br>Insurance Company also. |
| <input checked="" type="checkbox"/> Proof of Residence<br>(copy of light, phone or water)    | <input checked="" type="checkbox"/> Medical Bills, X-Ray Films, Physician's Letter, photos<br>(if any) |  |

Explanatory Letter  
*(If no Police Report and if Insurance was not notified of loss as specified on your policy prior to your exiting Mexico)*

Location, if drivable in USA/Canada \_\_\_\_\_  
 (Address, City, State, Zip Code) \_\_\_\_\_

Location if vehicle left in Mexico \_\_\_\_\_  
 (Address, City, State, Zip Code) \_\_\_\_\_

Lien Holder Information \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Pay Off/ Balance \_\_\_\_\_

U.S./ Canadian Insurance Co. Name \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_

Upon receipt of the above-mentioned information and documents, we will open a file and present your claim to our Mexico based principal, for consideration and review. To avoid any delays, please fax to the number listed above and **MAIL HARDCOPIES.**

# HDI Seguros

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

Name \_\_\_\_\_  
(Registered Owner) Name Middle Last Name

Nationality \_\_\_\_\_ Insured Name \_\_\_\_\_

Driver License No. \_\_\_\_\_  FMN Bussines \_\_\_\_\_

Passport No. \_\_\_\_\_  FM3 \_\_\_\_\_

FMT Tourist \_\_\_\_\_  M2 \_\_\_\_\_

Occupation \_\_\_\_\_

Address in USA \_\_\_\_\_  
Street No. City Sate Zip

Date of Birth \_\_\_\_\_ e-mail \_\_\_\_\_

USA Phone No. \_\_\_\_\_ Alternative No. \_\_\_\_\_

Address in Mexico \_\_\_\_\_  
Street No. City State Zip

Mex. Phone No. \_\_\_\_\_ Mex Fax No. \_\_\_\_\_

### Documents attached:

Passport copy  Yes  No

Driver licence copy  Yes  No

Date \_\_\_\_\_ Signature \_\_\_\_\_