



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

To Whom It May It Concern:

Please be advised International Claims Service is a Claims Administrator for our 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 the Mexico-based Insurance Company. Should additional information be needed, we will advise you accordingly. Hardcopies and originals must be submitted to our office.

The Insurance Company will review all claims presented and they will initiate their own investigation.

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,

Jorge Trevino
Claims Manager
jtreviso@internationalclaimservice.com



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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 **THEFT**.

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/ theft? _____

Who was driving the vehicle? _____

Name, address and phone #'s for passengers: _____

Witness name, address and phone #'s: _____

How did the theft occur? _____

Which police dept. took report? _____ Was anyone cited for this loss? _____

Did you receive any settlement amount for damages? _____

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

Name of Mexico adjuster who assisted you: _____



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If you did **not** notify Insurance Company prior to exiting Mexico, as specified on your "Conditions Booklet"; please explain briefly and **attach 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
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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 Company 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 Company of any change or discretion on the above-mentioned loss/ claim.

Date: _____ 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, we must receive the following: **NO PAYMENT WILL BE AUTHORIZED IF DOCUMENTATION IS MISSING!!!**

List of features/ packages your vehicle had + mileage

Tourist Policy
(original is needed)

Title -Signed
(original- if paid off)

Permit of Importation
(copy- if vehicle required)

Driver's License
(clear copy)

Photos
(if available)

U.S. Police Report
(original)

Declaration Form
(Attached)

Volante de Admision *
(Mexico Adjuster's Report)

Bill of Sale
(if available)

DMV Registration
(Cancel DMV)

Beneficiary Document
(attached)

USA Insurance Denial/Acceptance Letter
 All sets of keys

Police Reports (3) * **must receive all 3 original reports**
(Ministerio Publico/ Procuraduria General de Justicia,
Policia Federal Preventiva & Policia Municipal)

Proof of Residence
(Copy of light, water or phone bill)

Explanatory Letter (If Insurance Company was not notified prior to your exiting Mexico)

Lien holder/ Bank/ Finance Inst./Co. _____

Address _____

Phone No. _____

Account No. _____

Pay Off/ Balance _____

U.S./ Canadian Insurance Co. Name
(include clear copy) _____

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 Insurance Company for consideration and review. MAIL ALL DOCUMENTS ABOVE-MENTIONED.

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 _____