**NOTICE OF LOSS**

Lender’s Comprehensive Single Interest

**FINANCIAL INSTITUTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Date: | | |
| Address: |  | |  |  |

Street Address City ST ZIP

|  |  |
| --- | --- |
| Form Completed by: | Phone Number: (     ) |
| Email: | VSI Policy #: |

**BORROWER AND UNIT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | Home Phone: (     ) |
| Address: | | | Zip: |
| Borrower’s Employer: | | | Work Phone: (     ) |
| Co-Maker’s Name: | | | Relationship: |
| Co-Maker’s Address: | | | Home Phone: (     ) |
| Vehicle Description: |  |  |  |

Year Make Model VIN#

**TYPE OF LOSS**

Physical Damage- Confiscation/Skip- Instrument Non-Filing- Repossessed Vehicle Ins.- Theft-

|  |  |  |
| --- | --- | --- |
| Date of Loan: | Term of Loan:       months | Monthly Payment: |
| Date of Accident/Loss (if known): | | Date Repossessed: |
| Delinquency Date (Next Due Date): | | Outstanding Balance: |
| Present Location of Vehicle: | | |
| Contact: | | Phone: (     ) |

**PRIMARY INSURANCE INFORMATION (at time of loan)**

|  |  |
| --- | --- |
| Insurance Company: | Policy Number: |
| Insurance Agency: | Phone: (     ) |
| Agent Address: | |

**\*\*\*ATTACH A COPY OF ANY PROOF OF INSURANCE YOU HAVE IN YOUR FILE\*\*\***

|  |
| --- |
| Have you ever been notified that the above policy was terminated? No  Yes |
| If No, results of contact with company and/or agent regarding coverage verification: |

Report Claims to:

**R. G. COURTER & CO., INC.**

**P. O. Box 33133**

**Kansas City, MO 64114**

**Phone: 816-333-0370 Fax: 816-333-3210**

**Bob@rgcourter.com**