



Auto Deductible Reimbursement Claim Reporting Form

In order to process your Auto Deductible Reimbursement Claim, we will need information from you. Please complete this form, **sign and fax, Mail or Email** the information within ninety (90 Days) from the date of loss as required by your contract. You will need to return the form in order to file your Auto Deductible Reimbursement Claim.

Phone: 800-349-5191 | **Fax:** 866-636-0008 | **Email:** adrclaims@rcwarrantyservices.com

Today's Date: _____

Date of Loss: _____

Customer Name, Address, Phone _____

Type of loss: Collision Theft Fire Other (Explain): _____

Customer Signature _____

Required Documentation:	Where to Obtain:
<input type="checkbox"/> 1. A copy of the Automobile Insurance Policy Declarations page in effect on the date of the loss.	Primary Insurance Co
<input type="checkbox"/> 2. A Copy of the Covered Auto Title or registration in effect on the date of the Loss.	Primary Insurance Co/Lender
<input type="checkbox"/> 3. A copy of the estimate of repairs or the total Loss Statement	Primary Insurance Co
<input type="checkbox"/> 4. A copy of the claim payment check and/or settlement letter from the Auto Insurance company showing the amount that was paid and that the deductible was satisfied.	Primary Insurance Co
<input type="checkbox"/> 5. A copy of the check, credit card charge, debit card charge or cash receipt showing the deductible was paid.	Primary Insurance Co/Bank
<input type="checkbox"/> 6. Any other information that may reasonably be requested in order to process the claim.	Primary Insurance Co

Due to the Gramm-Leach-Bliley Act (Privacy Act), we are not able to gather this information for you. Please make every effort to provide the necessary information for us. Without it, we are not able to process your claim.