

# LENDERS COMPREHENSIVE SINGLE INTEREST INSURANCE LOSS NOTICE



9515 Deereco Road Suite 1000  
Timonium, Maryland 21093  
Phone: 410-453-6400 / 800-638-7634 Claims fax: 410-453-6426  
www.matterhornfinancial.com

Named Insured \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_ E-Mail \_\_\_\_\_

## **Borrower and Unit**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Co-Maker/Guarantor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Co-Maker's/Guarantor's Address \_\_\_\_\_ Zip \_\_\_\_\_  
Type:  Private Passenger Automobile  Other (Describe) \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Date Repossessed \_\_\_\_\_  
Model \_\_\_\_\_ Serial Number \_\_\_\_\_  
(full description including # of doors) \_\_\_\_\_ Vehicle Tag Number \_\_\_\_\_

## **Type of Loss**

Physical Damage Occurring Prior to Repossession  Non-Filing  
 Physical Damage Occurring After Repossession  Confiscation or Skip  
Date of Loan \_\_\_\_\_ Term of Loan \_\_\_\_\_ Delinquency Date \_\_\_\_\_  
Date of Accident \_\_\_\_\_ Description of Damage \_\_\_\_\_  
Present Location of Vehicle (Include telephone number if available) \_\_\_\_\_

## **Extent of Claim**

Gross Balance (Less Late Charges, Repo Fees, Etc.) \$ \_\_\_\_\_ Estimated Retail Value of Vehicle \$ \_\_\_\_\_  
Estimate to Repair Vehicle \$ \_\_\_\_\_ Estimated Wholesale Value of Vehicle \$ \_\_\_\_\_

## **Borrower's Physical Damage Insurance (At The time of Loan or Most Current)**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Date \_\_\_\_\_  
Insurance Agent \_\_\_\_\_ Was Coverage Initially Verified?  Yes  No  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Had you ever been notified that the policy was terminated?  Yes  No  
If no, result of contact with company and/or agent \_\_\_\_\_ Cancellation Date \_\_\_\_\_  
Do you have a copy of the policy, a certificate of insurance, a memorandum, a completed loss payee form, a request for coverage (from the borrower to the insurance company or agent), or anything that would lead you to believe coverage had at one time or another been in force?  No  Yes If yes, please attach.

## **Type of Loan**

Direct Loan  Indirect Loan If Dealer Loan, Name of Dealer \_\_\_\_\_

The above statements are true and correct to the best of my knowledge. No material facts are withheld of which the insurer should be informed.

BY \_\_\_\_\_  
Name & Title of Signing Officer

**ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALS, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.**

# LENDERS COMPREHENSIVE SINGLE INTEREST INSURANCE LOSS NOTICE

## **Applicable to Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

## **Applicable to Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania and Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In ME, D.C., LA, and VA, insurance benefits may also be denied.

## **Applicable to California**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

## **Applicable to Colorado**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## **Applicable to Idaho**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a Statement of Claim containing any false, incomplete or misleading information is guilty of a felony.

## **Applicable to Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

## **Applicable to Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

## **Applicable to Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

## **Applicable to New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

## **Applicable to New York**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

## **Applicable to Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

## **Applicable to Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.