



Executive Insurance Services, Inc.

30 Windsormere Way, Suite 200 • Oviedo, FL 32765

(407) 366-2774 • FAX (407) 366-4604

Email: customerservice@execinsurance.net

AUTOMOBILE CLAIM FORM

Insured/Claimant Name: _____

Mailing Address _____ Phone # _____

_____ Fax # _____ Email _____

Pickup Address _____ Delivery Address (if different from above)

_____ Carrier Name and Reference # _____

Was Automobile in Storage? _____ If so, Name and Address of Storage Facility and dates Into/Out of Storage

_____ Other Insurance? _____

If yes, Name, Address and Policy# _____ Value of Vehicle _____

Year, Make and Model of Vehicle _____ VIN# _____

Description of Damage

Amount of Claim _____

- ** YOU MUST SUBMIT A WRITTEN INTENT TO FILE A CLAIM WITHIN 45 DAYS OF DELIVERY. YOUR SUPPORTED CLAIM FORM MUST BE SUBMITTED WITHIN 90 DAYS OF THE INTENT TO FILE. ON DOMESTIC SHIPMENTS, STATE AND/OR FEDERAL TIME LIMIT REGULATIONS MAY APPLY.
- ** A FULLY DETAILED, DATED REPAIR ESTIMATE MUST BE SUBMITTED FOR ANY CLAIMED DAMAGE TO THE AUTOMOBILE. THIS MUST BE LEGIBLE AND IN ENGLISH (OR TRANSLATED INTO ENGLISH).
- ** YOU (OR YOUR AUTHORIZED AGENT) MUST TAKE DETAILED EXCEPTIONS TO THE CONDITION OF THE AUTOMOBILE AT THE TIME OF DELIVERY. FAILURE TO COMPLY MAY PRECLUDE SETTLEMENT OF YOUR CLAIM.
- ** A COPY OF THE ORIGIN AND DESTINATION CONDITION REPORTS MUST BE SUBMITTED TO SUBSTANTIATE YOUR CLAIM.
- ** IF YOU REQUIRE ASSISTANCE SUBMITTING YOUR CLAIM, CONTACT EIS IMMEDIATELY.

The undersigned hereby makes a solemn oath to the truth of the statements contained herein and exhibits attached hereto. No material fact is withheld that should be included in this report.

I authorize anyone involved in the movement of my goods to release to Executive Insurance Services, Inc., any information and/or documents as may concern this claim.

(Signature of Insured/Claimant) _____ Date _____