

# V.S.I. LOSS NOTICE

## FINANCIAL INSTITUTION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Form Completed by: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

## BORROWER AND UNIT

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Co-Maker's Name & Relationship \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Co-Maker's Address \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Type: Private Passenger Automobile  Other (Describe) \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_  
Model \_\_\_\_\_ Serial Number \_\_\_\_\_

## TYPE OF LOSS

(A) Physical Damage  (B) Non-Filing  (C) Confiscation or Skip  (D) Repossession Coverage

Term of Loan \_\_\_\_\_ Date of Loan \_\_\_\_\_  
Date of Accident \_\_\_\_\_ Date Repossessed \_\_\_\_\_  
Present Location of Vehicle (include telephone number if available) \_\_\_\_\_

## EXTENT OF CLAIM

Gross Balance \_\_\_\_\_ Estimated Retail value of vehicle \_\_\_\_\_  
Estimate to repair vehicle \_\_\_\_\_ Estimated Wholesale value of vehicle \_\_\_\_\_  
Delinquency Date \_\_\_\_\_

## PRIMARY INSURANCE

At Time of Loan:

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Date \_\_\_\_\_  
Insurance Agent \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Had you ever been notified that the above policy was terminated? No  Yes . If no, result of contact with company and/or agent: \_\_\_\_\_

## TYPE OF LOAN

Direct Loan  Indirect Loan

If Dealer Loan, Name of Dealer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_



**SOUTHERN FINANCIAL INSURANCE**

105 PUBLIC SQUARE • SCOTTSVILLE, KY 42164