



New Claim Cover Sheet

Client _____

Submitted by: _____

Date of Loss: _____ Client Claim # _____ Renter: _____

Unit # _____ VIN _____ Plate # _____

Prelim. Damage Estimate \$ _____ Tow Bill \$ _____ R.A.# _____

Date to Shop: _____ Date Repair Started: _____ Date Repairs Completed: _____ # of days Unit unavailable: _____

PLEASE FORWARD THE FOLLOWING (▲ = With each file ♦ = When available)

- | | | |
|---|--|--|
| <input type="checkbox"/> Open & Return Rental Contract(s) ▲ | <input type="checkbox"/> Ready/Check In Slips▲ | <input type="checkbox"/> Photos of Damages▲ |
| <input type="checkbox"/> Client Internal Accident Report ▲ | <input type="checkbox"/> Body Shop Estimate▲ | <input type="checkbox"/> Police Report/Report #♦ |

***Additional items for Total Loss Claims**

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Vehicle Invoice (not window sticker or sales order) | <input type="checkbox"/> Payoff Sheet | <input type="checkbox"/> Towing & Storage Invoice(s) |
|--|---------------------------------------|--|

Yes No

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Will you be repairing this unit? If not, please fill out and attach the Total Loss Addendum |
| <input type="checkbox"/> | <input type="checkbox"/> If damages exceed \$2,500 and repairs have not yet started, can you hold off on starting repairs (for ACM to possibly coordinate an appraisal)? |
| <input type="checkbox"/> | <input type="checkbox"/> Partial LDW/CDW? Renter's total exposure: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> LDW/CDW Voided? Due to: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Did you collect the renter's deductible? If so, how much? _____ |

IF THE RENTER/3RD PARTY TURNED THE CLAIM INTO THEIR INSURANCE COMPANY, PLEASE COMPLETE THE FOLLOWING

Insurance Company _____ Agent's Name & Phone _____

Policy # _____ Adjuster _____ Claim # _____

Adjuster Phone _____ Adjuster Fax _____

Notes on file: _____

Please send claims to:

8610 N. New Braunfels Ave. #210
San Antonio, TX 78217
Email: claims@altclaim.com

Phone (210) 340-4400
Fax (210) 688-8396
Fax (210) 572-4500