

**American Bankers Insurance Company of Florida  
American Reliable Insurance Company  
Voyager Indemnity Insurance Company**

P.O. Box 977122, Miami, FL 33197-7122 • 1.800.327.5288 • Fax 305.252.6910  
Attn: DFS Claims Department

**NONFILING PROOF OF LOSS**

**IMPORTANT NOTICE**

**PLEASE READ CAREFULLY BEFORE COMPLETING YOUR CLAIM FORM**

**Failure to complete required sections and/or provide requested documentation will delay processing of your claim.**

**INSTRUCTIONS FOR COMPLETING FORM**

If the needed sections are not complete or if the attachments are not attached, the processing of the claim will be delayed. (Check box after each item is completed.)

- 1. Form must be signed by the customer OR signed by a representative of the creditor if the customer cannot be located.\* If signed by the customer, the customer's signature must be notarized.
- 2. Each loss requires an explanation of why collateral listed in conjunction with a loan could not be surrendered.
- 3. Claims must be reported by the end of the month following the loss. Do not hold claims to report for any reason.
- 4. Attach a copy of the account ledger card or payment history indicating that the UCC-1 non-file fee was charged to the customer/debtor's account.
- 5. Attach a copy of the collateral listing.
- 6. Attach a copy of the account ledger card or payment history indicating the amount necessary to pay off the debt as of the date of loss.
- 7. Attach copy of the appropriate court documentation if loss was due to bankruptcy. Under federal bankruptcy law, collection efforts cannot be made or must cease after the filing of a bankruptcy.

\*We may contact customers to validate (a) collections attempts were made, and (b) disposition of the collateral.

Fax completed form and all supporting documentation to 305.252.6910 or mail to:  
DFS Claims Department  
PO Box 977122  
Miami FL 33197-7122

**ONCE YOUR CLAIM IS RECEIVED**

- PLEASE ALLOW 10 BUSINESS DAYS FOR YOUR CLAIM TO BE PROCESSED.
- AFTER YOUR CLAIM HAS BEEN PROCESSED, YOU WILL RECEIVE A LETTER ADVISING OF APPROVAL, DENIAL OR REQUEST FOR ADDITIONAL INFORMATION.

## FRAUD STATEMENTS

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.

**CA residents only:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**CO residents only:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**DC residents only: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FL residents only:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KY residents only:** Any person who knowingly and with intent to defraud any insurance company, or other person files a claim for insurance 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. **HIGH LIMIT AD** - No statements made by the applicant may be changed without his written consent.

**MD residents only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**NM residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OK residents only: 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.

**PA residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

**RI residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TX residents only:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VA residents only: \*This notice is not applicable to life and health insurance.**

**WA residents only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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**NONFILING PROOF OF LOSS**

If you have unsuccessfully attempted to enforce the lien and the loss is a direct result of not having a perfected security interest (no title lien or UCC-1 filing), complete the Customer/Debtor and Creditor Sections below.

**CUSTOMER/DEBTOR INFORMATION AND VERIFICATIONS PLEASE PRINT**

|                                 |  |                         |                        |       |
|---------------------------------|--|-------------------------|------------------------|-------|
| NAME                            |  |                         | SOCIAL SECURITY NUMBER |       |
| LAST KNOWN STREET ADDRESS/APT # |  |                         | CITY                   | STATE |
| ZIP CODE                        |  | PHONE NUMBER<br>(     ) |                        |       |

I CERTIFY THAT THE COLLATERAL LISTED IN CONJUNCTION WITH MY LOAN COULD NOT BE SURRENDERED DUE TO:

**I AUTHORIZE** any insurance or reinsuring company, insurer, law enforcement agency, fire department, or other organization, or person having any records, data, or information concerning this claim to furnish such record, data, or information to the insurance company issuing my policy. I understand that in executing this authorization, I waive the right for such information to be privileged as it pertains to the processing or investigation of my claim(s). A photocopy of this authorization shall be considered as effective and valid as the original.

**I, or my authorized representative, have the right to receive a copy of this authorization.**

This authorization shall remain valid for the duration of the claim.

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. **For other Fraud Statements, see page 2.**

|                              |                               |
|------------------------------|-------------------------------|
| DEBTOR SIGNATURE<br><b>X</b> | NOTARIZED BY (PRINT NAME)     |
| DATE<br>/      /             | NOTARIZED STAMP AND SIGNATURE |
| DATE OF LOSS<br>/      /     |                               |

**CREDITOR VERIFICATION LOAN INFORMATION**

|                  |                         |  |                          |
|------------------|-------------------------|--|--------------------------|
| NAME OF CREDITOR |                         | ACCOUNT NUMBER/BRANCH NUMBER                 |                          |
| STREET ADDRESS   |                         | LOAN NUMBER                                  | DATE OF LOAN<br>/      / |
| CITY             | STATE                   | NET UNPAID BALANCE AT THE TIME OF LOSS<br>\$ |                          |
| ZIP CODE         | PHONE NUMBER<br>(     ) | ESTIMATED CASH VALUE OF PROPERTY<br>\$       |                          |

I certify the following marked items below (check all that apply):

The loss has been investigated and collection attempts have been made.

The loss is a direct result of not having a perfected security interest (no title lien or UCC-1 filing).

Unable to collect due to: \_\_\_\_\_  
Note: Must have Customer/Debtor complete section above if this reason is selected.

Bankruptcy filing.  
Note: Must attach copy of bankruptcy notice if this reason is selected.

|   |           |                       |                  |       |          |
|---|-----------|-----------------------|------------------|-------|----------|
| COMPLETED BY (PRINT NAME)                           |           | SIGNATURE<br><b>X</b> |                  | TITLE |          |
| STREET ADDRESS (IF DIFFERENT FROM CREDITOR ADDRESS) |           |                       | CITY             | STATE | ZIP CODE |
| PHONE NUMBER<br>(     )                             | EXTENSION | FAX NUMBER<br>(     ) | DATE<br>/      / |       |          |