



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

intclaim@quik.com

DECLARATION

Name: _____ Address: _____

Phone #'s: _____ Policy#: _____ Agent: _____

Declares that vehicle, Year: _____ Make: _____ Model: _____ License Plates #: _____

VIN#: _____ suffered a loss caused by Collision _____ Other _____

On: _____, 20_____ about _____ a.m./ p.m., in the city of _____

Making a formal statement as to the details of this accident/ claim, which he/ she hereby submits. The above-mentioned policy was in force at the time of the accident and will expire on _____, 20_____.

Place of loss/accident: _____

Who was driving the vehicle? _____

Name, address and phone #'s for passengers: _____

Witness name, address and phone #'s: _____

How did the accident occur? _____

Which police dept. took report? _____

Was anyone cited for this loss? _____

Did you receive any settlement amount for damages? _____

What damage did the vehicle sustain as a direct result of the accident? _____



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

intclaim@quik.com

Is the vehicle drivable? _____ If not, where is the vehicle at this time? _____

Was GE Seguros / AIG Mexicos notified of loss while in Mexico? _____ If "yes", report # given: _____

Name of Mexico adjuster who assisted you: _____

If you did **not** notify GE Seguros / AIG Mexicos prior to exiting Mexico, as specified on your "Conditions Booklet"; please explain briefly and **attach a signed, explanatory letter** with this loss. _____

What damage did the vehicle cause to "Property of Others"? _____

Year, Make, Model & Type: _____ License Plate #: _____

Third Party's name, address and phone #'s: _____

Were any pedestrians injured? _____ Name, address and phone #'s: _____

Have you filed a claim for damage or injuries? _____ For what reason? _____

Amount? _____

Injuries To Occupants	Name	Address	Phone	Age	Injuries

Where were they treated? _____

I declare that I have faithfully stated all the details relative to the accident and my claim, and am willing to furnish all information, which, GE Seguros / AIG Mexicos may require. I declare that neither I, nor anyone else, have violated the terms, conditions and provisions of this policy. I declare that I will not accept any responsibility without the written consent of the company, and will immediately notify GE Seguros / AIG Mexicos of any change or discretion on the above-mentioned loss/ claim.

Date _____, 20____. Driver's signature _____



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

intclaim@quik.com

To Whom It May Concern:

Please be advised International Claims Service is a Claims Administrator for GE Seguros of Leon, Guanajuato, Mexico and AIG Mexico of Monterrey, Nuevo Leon, Mexico.

We respectfully request you submit any and all documents marked off on the attached checklist. These documents are essential in presenting a claim with GE Seguros / AIG Mexico. Upon receipt, a file will be opened. Should additional information be needed, we will advise you accordingly. To expedite your claim, you may fax documents to my office and originals must be mailed.

GE Seguros / AIG Mexico will review all claims presented and they will initiate their own investigation.

******Please note that if the claim being presented is for towing expense reimbursement only and GE Seguros / AIG Mexico was not properly notified prior to your exiting Mexico, a written letter of explanation along with original receipts will be required for processing. These documents will be forwarded to the Mexico insurance company and undergo an approval process of (8) weeks or more.******

Should you have further questions regarding the above-mentioned, please do not hesitate in contacting me directly at (800) 284-9783 between the hours of 8:30 a.m. to 4:30 p.m. CST.

Sincerely,

Rose Marie Garza
Claims Manager

Email Address: RMGarza@internationalclaimservice.com



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

intclaim@quik.com

- This will serve as an acknowledgement of your claim that occurred in Mexico. In order to initiate and process your claim, we must receive the following:

- Copy of Policy
- Towing Receipts *
(Originals Needed-If Any)
- Title (clear copy-if paid off)
- Police Report *
(If one provided)
- Driver's License (clear copy)
- Registration (clear copy)
- Photos (if available)
- Permit of Importation
(Vehicle Permit- Copy)
- Medical Bills, X-Ray Films, Physician's Letter*
(if any)
- Volante de Admision *
(MX adjuster's Inspection Report)
- Int'l Claims Declaration
(Loss Report Attached)
- Death Certificate *
- U.S. Insurance Card (copy)
- Bill of Sale (clear copy-if no title)
- Social Security # (clear copy)

Explanatory Letter
(If **no** Police Report and if GE/ AIG Seguros **was not** notified of loss as specified on your policy prior to your **exiting** Mexico)

Explanatory Letter (other reasons) _____

Location of vehicle in the U.S.A. _____
(Address, City, State, Zip Code) _____

Location of vehicle in Mexico _____
(Address, City, State, Zip Code) _____

Lien Holder/ Bank/ Finance Inst./Co. _____

Address _____

Phone No. _____

Account No. _____

Pay Off/ Balance _____

DUN's # _____ Tax I.D. #: _____

U.S./ Canadian Insurance Co. Name _____
(**NOT** GE Seguros / AIG Mexico / Sanborn's)

Policy No. _____

Phone No. _____



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

intclaim@quik.com

Upon receipt of the above-mentioned information and documents, we will open a file and present your claim to our Mexico based principal, GE Seguros / AIG Mexico, for consideration and review. To avoid any delays, please fax to the number listed above and MAIL THE ORIGINALS marked with an (*)

Estimado(a) Asegurado(a):

Somos Administradores de Siniestros para GE Seguros de Leon, Gto., Mexico y AIG Mexico de Monterrey, N.L., Mexico.

Respetuosamente le pedimos que nos envíe los documentos listados en la hoja anexada. Estos documentos son esencial e importante en continuar con su reclamo con GE Seguros / AIG Mexico. Si documentación adicional es necesaria, le avisaremos a su tiempo. Para procesar su reclamación más rápido, por favor envíe lo pedido vía fax al número listado arriba y abrir un expediente a su nombre.

GE Seguros / AIG Mexico repasará todos los siniestros presentados y harán su propia investigación del caso.

****** Por favor haga nota si su reclamo es para reembolso de gruas solamente y no se reporte a GE Seguros / AIG Mexico antes de salir de Mexico, una carta explicatoria tendrá que someterse junto con la factura original para poder procesar. Estos documentos serán enviados a nuestra asegurado de Mexico y serán investigados. Tenga por seguro que este proceso puede tardar (8) semanas o mas.***

Si tiene preguntas o dudas de lo arriba mencionado, por favor comuníquese directamente a el abajo firmado al (800) 284-9783 entre las 8:30 a.m. to 4:30 p.m. tiempo central.

Atentamente,

Rose Marie Garza
Gerente de Siniestros/ Ajustadora



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

intclaim@quik.com

• Para procesar su reclamo que ocurrio en Mexico, por favor envie lo siguiente:

- Copia de Poliza
- Facturas de Grua *
(Originales solamente-si aplica)
- Titulo y Registro (copia legible)
- Reporte de Policia*
(Si disponible)
- Seguro Social (copia legible)
- Licencia de Conducir (copia legible)
- Fotos (si disponible)
- Permiso de Importacion
(Copia)
- Gastos Medicos, Radiografias, Dictamen Medico
(si aplica)
- Volante de Admision *
(Reporte del Ajustador Mexicano)
- Declaracion de ICS
(documentos incluidos)
- Acta de Defuncion *
- Copia de Aseguro de E.U.
- Factura de Venta de Vehiculo (copia legible)

Carta Explicatoria
(Si **no** se reporto el accidente a GE/ AIG Seguros antes de salir de Mexico como indican sus condiciones)

Carta Explicatoria (otras razones) _____

Ubicacion de vehiculo en E.U.
(Direccion, Ciudad, Estado Y Codigo Postal) _____

Ubicacion de vehiculo en Mexico
(Direccion, Ciudad, Estado y Codigo Postal) _____

Nombre de Banco o Instituto Financiero _____

Direccion _____

Telefono _____

Numero de Cuenta _____

Balance _____

DUN's # _____ Tax I.D. # _____

Nombre de Aseguranza E.U.
(**NO** GE Seguros / AIG Mexico / Sanborn's) _____

Numero de Poliza _____

Telefono _____



P. O. Box 310
McAllen, TX 78505

Ph: (956) 682-1353
1-800-284-9783
Fax: (956) 686-0732

intclaim@quik.com

Sobre recibimiento de la informacion y documentos arriba-mencionado, abriremos un expediente y presentaremos el reclamo a nuestra compania asegurado GE Seguros / AIG Mexico en Mexico para consideracion de pago e investigacion. Para evitar demorarr su reclamo, por favor envia por fax al numero listado arriba todo y lo que este marcado con una (*) por correspondencia.