



PO Box 310
McAllen TX 78505-0310

800-284-9783
956-682-1353
fax 956-686-0732
claim@ICclaims.com

To whom it may concern,

Please be advised International Claims Service is a Claims Administrator for HDI Seguros, a Mexico-based Insurance Company.

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

The HDI Seguros will review all claims presented and they will initiate their own investigation. The Mexico-based Insurance Company, HDI Seguros, will decide which deductible amount applies (depending on the type of loss and/or if a set amount is NOT listed on your policy). Should your deductible be waived, there is high probability that the responsible party has paid said amount or you or the Representative has received written documentation of same.

***Please note that if the claim being presented is for towing expense reimbursement only and HDI Seguros 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 HDI Seguros and undergo an approval process of (8) weeks or more. ***

Should you have further questions regarding the claims process, 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,

A handwritten signature in black ink, appearing to read 'Jorge Treviño', with a stylized flourish at the end.

Jorge Treviño
Claims Manager

The logo for HDI Seguros features the letters 'HDI' in a bold, green, sans-serif font. A small red square is positioned between the 'H' and the 'D'. Below 'HDI', the word 'Seguros' is written in a smaller, black, sans-serif font.

DOCUMENT CHECKLIST

In order to initiate and process your claim, send any/all documents in your possession.

Documents can be faxed or emailed to expedite the claims process; however, **you must mail an original of the following:**

- ICS Declaration form (page 2 & 3 attached)
- HDI Beneficiary form (page 4 attached)
- Police Report

The following can be copies:

- Policy
- Driver's License or Passport (clear copy)
- U.S./ Canadian Insurance Card
- Volante de Admision (Mexico adjuster's report)
- Vehicle Title or Registration
- Proof of Residence (copy of monthly bill such as electricity, phone or water)

If applicable (must mail originals):

- **Explanatory letter** (signed) if not reported in Mexico to HDI Seguros or police
- Vehicle importation permit receipt
- Towing receipt
- Medical Bills, X-Ray Films, Physician's Letter, photos
- Death Certificate

If Total Loss:

- Original Title (or Bill of Sale - if no title)
- Keys

Lienholder Name _____

Address _____

Phone # _____

Account # _____ Pay Off Balance _____

All Claims: Current Location of Vehicle

(Address, City, State, Zip Code, Country)

Upon receipt of the above-mentioned information and documents, we will open a file and present your claim to HDI Seguros for consideration and review. To avoid any delays, please fax/email as specified above and **MAIL HARDCOPIES** as required.



DECLARATION

Name _____

Address _____
street city state zip

Phone # _____ Home _____ cell _____ other _____

_____ Home _____ cell _____ other _____

email _____

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/state of _____
month day time

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 # _____

How did the accident occur? _____
(use additional page if necessary)

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?





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Is the vehicle drivable? _____ Where is the vehicle at this time? _____ U.S./Canada _____ Mexico
(specify address on following page)

Was the HDI Seguros notified of loss while in Mexico? _____ No _____ Yes, Report # _____

Name of Mexico adjuster who assisted you _____

***** If you did not notify the HDI Seguros prior to exiting Mexico as specified on your "Policy Conditions," please include a signed, explanatory letter with this loss.**

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

Third party vehicle: **Year, Make, Model & License Plate #** _____

Third Party's name, address and phone # _____

Were any pedestrians injured? _____ If so, specify name, address and phone # _____

Have you filed a claim for damage or injuries? _____ If so, Amount _____

Please describe _____

Injuries To Occupants	<u>Name, Address, Phone #, Age & Injuries</u>
_____	_____
_____	_____
_____	_____

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 HDI Seguros 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 HDI Seguros of any change or discretion on the above mentioned loss/claim.

Date _____ 20_____

Driver 's signature _____





Beneficiary Information
(Information requested Art. 140 of Mexican Insurance Law)

Name _____
(Registered Owner) First Middle Last

Insured Name *(if different from registered owner)* _____

All information below is for **Registered Owner**:

Nationality _____

Driver License # _____

Passport # _____

Visa:

FMT Tourist _____ FM3 _____

FMN Business _____ M2 _____

Occupation _____

Address in USA/Canada _____

Date of Birth _____

e-mail _____

USA/Canadian Phone # _____ Alternative # _____

Address in Mexico *(if applicable)* _____

Mexico Phone # _____

Documents attached:

Passport copy ___ Yes ___ No

Driver license copy ___ Yes ___ No

Date _____ Signature _____