



P.O. Box 310
McAllen, TX 78502-0310
T: 800-284-9783
F: 956-686-0732

To Whom It May Concern:

Please be advised International Claims Service is a Claims Administrator for 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 Mexico-based Insurance Company. **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/ hardcopies must be mailed.*

The Insurance Company will review all claims presented and they will initiate their own investigation. Our Mexico-based Insurance Company will decide which deductible amount applies, (depending on the type of loss and/or if set amount is NOT listed on your policy); and, 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 the Insurance Company 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,

A handwritten signature in black ink, appearing to read 'Jorge Trevino', written over a horizontal line.

Jorge Trevino
Claims Manager



P.O. Box 310
McAllen, TX 78502-0310
T: 800-284-9783
F: 956-686-0732

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 78502-0310
T: 800-284-9783
F: 956-686-0732

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

Was Insurance notified of loss while in Mexico? _____ If "yes", report # given: _____

Name of Mexico adjuster who assisted you: _____

*** If you did not notify Insurance prior to exiting Mexico, as specified on your "Conditions Booklet"; please include 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, Insurance 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 Insurance of any change or discretion on the above-mentioned loss/ claim.

Date _____, 20____. Driver's signature _____



P.O. Box 310
McAllen, TX 78502-0310
T: 800-284-9783
F: 956-686-0732

- This will serve as an acknowledgement of your claim that occurred in Mexico. In order to initiate and process your claim, send any/all documents in your possession:

- Policy Towing Receipts (Original needed) Title (clear copy-if paid off)
- Police Report * (If one provided) Driver's License (clear copy) Registration (clear copy)
- Permit of Importation (Vehicle Permit- Copy) Passport (clear copy) Death Certificate (original)
- Volante de Admision (MX adjuster's Inspection Report) Int'l Claims Declaration (Loss Report Attached) HDI Seguros (Adenda/Beneficiary) (Attached)
- U.S./ Canada Insurance Card (copy) Bill of Sale (clear copy-if no title) This loss MUST be reported to USA Insurance Company also.
- Proof of Residence (copy of light, phone or water) Medical Bills, X-Ray Films, Physician's Letter, photos (if any)

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

Location, if drivable in USA/Canada _____
(Address, City, State, Zip Code) _____

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

Lien Holder Information _____
Address _____
Phone No. _____
Account No. _____
Pay Off/ Balance _____

U.S./ Canadian Insurance Co. Name _____
Policy No. _____
Phone No. _____

Upon receipt of the above-mentioned information and documents, we will open a file and present your claim to our Mexico based principal, for consideration and review. To avoid any delays, please fax to the number listed above and **MAIL HARDCOPIES.**

HDI Seguros

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

Name _____
(Registered Owner) Name Middle Last Name

Nationality _____ Insured Name _____

Driver License No. _____ FMN Bussines _____

Passport No. _____ FM3 _____

FMT Tourist _____ M2 _____

Occupation _____

Address in USA _____
Street No. City Sate Zip

Date of Birth _____ e-mail _____

USA Phone No. _____ Alternative No. _____

Address in Mexico _____
Street No. City State Zip

Mex. Phone No. _____ Mex Fax No. _____

Documents attached:

Passport copy Yes No

Driver licence copy Yes No

Date _____ Signature _____