



P. O. Box 310  
McAllen, TX 78505

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

To Whom It May Concern:

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

We respectfully request you submit all documents marked off on the attached checklist. These documents are essential in presenting a claim with the Mexico-based Insurance Company. Should additional information be needed, we will advise you accordingly. Hardcopies and originals must be submitted to our office.

The Insurance Company will review all claims presented and they will initiate their own investigation.

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,

Jorge Trevino  
Claims Manager  
jtrevino@internationalclaimservice.com



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### DECLARATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Policy#: \_\_\_\_\_ Agent: \_\_\_\_\_

Declares that vehicle, Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plates #: \_\_\_\_\_

VIN#: \_\_\_\_\_ suffered a loss caused by **THEFT**.

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/ theft? \_\_\_\_\_

Who was driving the vehicle? \_\_\_\_\_

Name, address and phone #'s for passengers: \_\_\_\_\_

Witness name, address and phone #'s: \_\_\_\_\_

How did the theft occur? \_\_\_\_\_

Which police dept. took report? \_\_\_\_\_ Was anyone cited for this loss? \_\_\_\_\_

Did you receive any settlement amount for damages? \_\_\_\_\_

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

Name of Mexico adjuster who assisted you: \_\_\_\_\_



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If you did **not** notify Insurance Company 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
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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 Company 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 Company of any change or discretion on the above-mentioned loss/ claim.**

Date: \_\_\_\_\_ Driver's Signature \_\_\_\_\_



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- 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: **NO PAYMENT WILL BE AUTHORIZED IF DOCUMENTATION IS MISSING!!!**

List of features/ packages your vehicle had + mileage

Tourist Policy  
(original is needed)

Title -Signed  
(original- if paid off)

Permit of Importation  
(copy- if vehicle required)

Driver's License  
(clear copy)

Photos  
(if available)

U.S. Police Report  
(original)

Declaration Form  
(Attached)

Volante de Admision \*  
(Mexico Adjuster's Report)

Bill of Sale  
(if available)

DMV Registration  
(Cancel DMV)

Beneficiary Document  
(attached)

USA Insurance Denial/Acceptance Letter  
 All sets of keys

Police Reports (3) \* **must receive all 3 original reports**  
(Ministerio Publico/ Procuraduria General de Justicia,  
Policia Federal Preventiva & Policia Municipal)

Proof of Residence  
(Copy of light, water or phone bill)

Explanatory Letter (If Insurance Company was not notified prior to your exiting Mexico)

Lien holder/ Bank/ Finance Inst./Co. \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Account No. \_\_\_\_\_

Pay Off/ Balance \_\_\_\_\_

U.S./ Canadian Insurance Co. Name  
(include clear copy) \_\_\_\_\_

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 Insurance Company for consideration and review. MAIL ALL DOCUMENTS ABOVE-MENTIONED.**

# 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 \_\_\_\_\_