

IG., Inc./RSIG Incident Form

Date: ___/___/___ Date of Incident: ___/___/___ Date of Repo: ___/___/___

If this is involving a lawsuit, please list the **exact date you were served**: ___/___/___
Method of Service: [] US Mail [] Process Server [] Sheriff **Time of Service:** _____

Company Name: _____ Company Code: _____

Member Name: _____ Phone: _____ Fax: _____

Address: _____

Debtor Name: _____ Phone: _____

Description of Vehicle: Year: _____ Make: _____ Model: _____

VIN: _____ Mileage: _____

Description of Incident: _____

Were there injuries? [] yes [] no

Exact Location of Incident: _____

Equipment used to pick up the vehicle? _____

Your Driver's Name: _____ Phone: _____

Lender Name: _____ Lender Account #: _____

Contact Name: _____ Phone: _____

Month Reported/Fee Paid: _____ Account Number: _____

Has unit been released? [] yes [] no / If so to whom? _____ Date: _____

Current Location of Vehicle: _____

Estimated Damages: \$ _____ Description of Damages: _____

Was Incident Reported to Police: [] yes [] no Report Number: _____

Law Enforcement Agency: _____ Phone: _____

Were witnesses present: [] yes [] no; If yes, please provide name, address & phone below:

Name: _____ Phone: _____

Address: _____

PROOF OF LOSS: (Must be completed before claim can be processed.)
I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN REFERENCE TO THE INCIDENT AS DESCRIBED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
PRINTED NAME: _____ **DATE:** _____
SIGNATURE: _____