

**INFORMATION FOR PERSON COMPLETING THE FORM**

|        |           |               |              |
|--------|-----------|---------------|--------------|
| Name   |           | Today's Date  | Date of Loss |
| Dealer | Phone No. | Email Address |              |

**CUSTOMER INFORMATION**

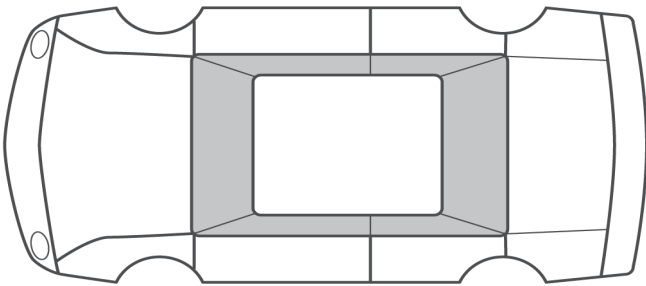
|         |                                |
|---------|--------------------------------|
| Name    | Contract Number (if available) |
| Address | Phone No.                      |

**VEHICLE INFORMATION**

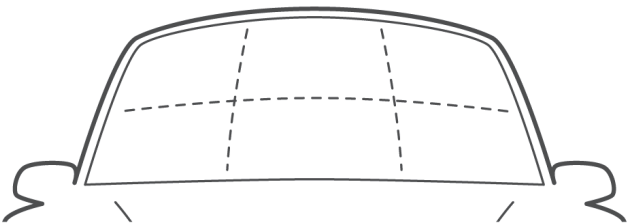
|      |      |       |                  |     |
|------|------|-------|------------------|-----|
| Year | Make | Model | Odometer Reading | VIN |
|------|------|-------|------------------|-----|

**REQUIRED CLAIM DETAILS**

|  |       |
|--|-------|
| <b>DETAILED CUSTOMER COMPLAINT (WHERE, WHEN AND HOW DAMAGE HAPPENED)</b> | _____ |
| <b>SERVICE WRITER DESCRIPTION OF DAMAGE (WHAT AND CAUSE)</b>             | _____ |
| <b>SUGGESTED CORRECTION AND REQUESTED AMOUNTS FOR PARTS AND LABOR</b>    | _____ |

**DENT AND DING INFORMATION**


Please indicate the damage on the illustration above.

**WINDSHIELD INFORMATION**


Please indicate the damage on the illustration above.

**CUSTOMER OR SERVICE WRITER SIGNATURE**

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|  |
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**PLEASE SUBMIT THE FOLLOWING:**

1. A copy of this completed claims form with the customer's signature
2. Clear photographs of damaged area(s) per photograph policy (if applicable)

**MAIL, EMAIL OR FAX INFORMATION TO:**

**Address:** Vantage Administration Services, LP  
 8834 N Capital of Texas Hwy, #250, Austin, TX 78759  
**Email:** claims@vtgclaims.com **Fax:** 855-352-5246