VEHICLE INVENTORY INSURANCE: CLAIM SERVICE PROCEDURES

When you need to report a claim, Ally Insurance provides you three options for your convenience:

A. **Phone**: Call us toll free at (800) 225-5642 to report a loss. One of our Claim Representatives will record all the information necessary to begin prompt adjustment of your claim.

B. **Fax**: Complete the entire Vehicle Inventory Insurance Reporting Form, with all the key information pertaining to the incident, and fax it to us at (800) 337-9264.

C. **E-Mail**: Loss reporting forms can be completed and e-mailed with claim support details, if applicable, to: npccclaims.newlosses@ally.com. The new loss claim reporting e-mailbox is for new losses only. All supporting documents such as written statements, police reports, valuation documents, etc., forwarded after the initial submission of a new loss are to be sent via fax at (800) 337-9264 or e-mailed to npccmailbox@ally.com; please include claim number on all pages.

We will provide prompt acknowledgment of all claims received, so you will know we have started the adjustment of your loss. A copy of the Vehicle Inventory Insurance Reporting Form is provided for your convenience. Please make additional copies as needed.

KEY INFORMATION

Please help us to serve you better. When you report a claim to us, using any of the reporting options, it will help us expedite the adjustment process if our Claim Representative receives all of the following key information at the time of the first report:

1. Dealer information – full name and full address

2. Dealer Contact Person we can communicate with regarding the claim. Please include name, phone. email, and fax numbers.

3. Vehicle Information - year, make, model, VIN and stock number of each vehicle involved in the loss.

4. Type of Vehicle (i.e. new, demo, used, shop loaner or rental, etc.)

5. Driver Information - name, home address, daytime phone, and driver's license number

6. Present Location of Vehicle - full address where the damaged vehicle is presently located (include phone number if vehicle not located at dealership)

7. Loss Information - date of loss, brief description, and estimated amount of damage (attach or forward estimate if available).

8. Description of the Loss Event - please describe the facts contributing to the loss and the cause of damage as well as the location of the accident.

9. Witness Information - please provide the name, address and phone number of any known witness(es) to the loss.

10. Other Vehicle Information - If another vehicle was involved in the loss, please provide the name and address of the owner and (if different) the driver of the other vehicle, their license number, as well as their insurance company information.

Vehicle Inventory Insurance Reporting Form

Phone Number	Fax Number	New Loss Reporting Only	NPCC Claims In-Box
800-225-5642, option #2	800-337-9264	npccclaims.newlosses@ally.com	npccmailbox@ally.com

Insured/ Dealer Name:	Street Address & City:	State:	Zip:

Dealer Contact Person:	Phone # with Area Code:	Email Address:

Doing Business As Name (DBA), if different:	Policy/ Certificate Number:

Vehicle Description:

Complete VIN:	Year:	Make:	Model:

Type of Vehicle:

☐ New Inventory ☐ Used Inventory ☐ Demo ☐ Shop Loaner ☐ Daily Rental

Driver Information:

Name:	Address:	Phone:

Relationship to Dealer:

☐ Employee ☐ Customer ☐ Other

Present Location of Vehicle:

Location & Address:	State:	Zip:

Loss Information:

Date of Loss:	Description of Damages:	Estimate of Damage:
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Please Describe Loss Event, Cause of Damage and Location of Accident:

Witness Information:

Name:	Address:	Phone:

Other Vehicle Information: (If another vehicle was involved in the loss)

Other Vehicle Owner:	Address:	Phone:

Other Vehicle Driver Name:	Address:	Phone:

Other Vehicle Insurance Company:	Address:	Policy/Claim #:

Police Information: (If police were notified, please include)

Police Report #:	Police Department / Address:	Tag #, if any:

State Required Fraud Warning Statements

ALABAMA:
For your protection, Alabama law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ALASKA:
For your protection, Alaska law requires the following to appears on this form: a person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA:
For your protection, Arizona law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS:
For your protection, Arkansas law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA:
For your protection California law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. For your protection, California law requires the following additional warning to appear on this form: false representations made on a signed claim form by an insured subjects the insured to a penalty of perjury.

COLORADO:
For your protection, Colorado law requires the following to appear on this form: it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE:
For your protection, Delaware law requires the following to appear on this form: any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA (WASHINGTON DC):
For your protection, District of Columbia law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA:
For your protection, Florida law requires the following to appear on this form: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO:
For your protection, Idaho law requires the following to appear on this form: any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

INDIANA:
For your protection, Indiana law requires the following to appear on this form: a person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY:
For your protection, Kentucky law requires the following to appear on this form: any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA:
For your protection, Louisiana law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fine and confinement in prison.

MAINE:
For your protection, Maine law requires the following to appear on this form: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND:
For your protection, Maryland law requires the following to appear on this form: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA:
For your protection, Minnesota law requires the following to appear on this form: a person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE:
For your protection, New Hampshire law requires the following to appear on this form: any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NEW JERSEY:
For your protection, New Jersey law requires the following to appear on this form: any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO:
For your protection, New Mexico law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK:
For your protection, New York law requires the following to appear on this form: any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

OHIO:
For your protection, Ohio law requires the following to appear on this form: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA:
For your protection, Oklahoma law requires the following to appear on this form: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA:
For your protection, Pennsylvania law requires the following to appear on this form: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.

RHODE ISLAND:

For your protection, Rhode Island law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE:

For your protection, Tennessee law requires the following to appear on this form: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA:

For your protection, Virginia law requires the following to appear on this form: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON:

For your protection, Washington law requires the following to appear on this form: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA:

For your protection, West Virginia law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.