



AutoRelocationPlus, Inc.  
16580 Aston Street, Irvine California 92606  
949/222-9115 \* 800/551-9115 \*FAX 949/222-1065  
www.autorelo.com

## **AUTO RELOCATION PLUS, INC**

### **INSTRUCTIONS FOR FILING CLAIM**

1. **PLEASE READ THE FOLLOWING CAREFULLY.**
2. Complete the attached claim form as thoroughly and accurately as possible.
3. Obtain two (2) estimates. One from the dealer and one from a local body shop. We also require pictures of the claimed damaged. They are always helpful when settling a claim. The estimates should indicate the repair cost for damage done only as a result of transit.
4. Please attach a copy of any documentation you may have; such as an inspection form.

### **ALL CLAIM PAPERWORK MUST BE TURNED IN WITHIN 30 DAYS OF CLAIM NOTIFICATION.**

5. If you have any questions regarding your claim, please contact our office.
6. AutoRelocationPlus, Inc. reserves the right to choose the body shop where the vehicle is to be repaired.
7. Please be advised that your claim cannot be reviewed until all proper information is provided to our claims department.
8. Upon completion of the above, please mail all information to:

AutoRelocationPlus, Inc.  
16580 Aston Street  
Irvine, CA 92606

**\*NOTE: THE INSURANCE COMPANY AND/OR CARRIER RESERVES THE RIGHT TO INVESTIGATE QUESTIONABLE OR FRAUDULENT DAMAGE CLAIMS. FRAUDULENT CLAIMS WILL BE PROSECUTED TO THE FULL EXTENT OF FEDERAL LAW.**



We are sorry to hear that you have experienced damages to your vehicle during your recent move.

AutoRelocationPlus, Inc. is committed to working with you to resolve these problems and expedite a resolution to your claim.

. We ask that you complete the form providing as much supporting information as possible.

**YOUR CLAIM IS A STATEMENT OF ALL DAMAGES RESULTING FROM YOUR MOVE. IF ANY DAMAGE WAS NOT NOTED AND SIGNED OFF ON THE INSPECTION REPORT AT THE TIME OF DELIVERY, WE CANNOT BE RESPONSIBLE.**

Please do not throw away or attempt to repair any items which are noted in your claim. The insurer has the right to inspect all damages being claimed in the condition they were delivered. Damage not available for inspection will void the insurance and the claim will be denied.

**PLEASE KEEP IN MIND THAT ANY CLAIMS AGAINST AUTO RELOCATION PLUS, INC. FOR DAMAGE NOT RESULTING FROM THE TRANSIT OF YOUR VEHICLE WILL BE CONSIDERED FRAUDULENT AND WILL VOID ANY AND ALL CLAIMS YOU HAVE FILED.**

Along with you completed claim form, please include copies of your inspection form, two (2) estimates one from a dealer and one from an independent body shop and pictures of the damage as these are essential records needed to settle your claim.

Upon receipt of your statement of claim, we will take the appropriate steps necessary to resolve your claim. If necessary, an independent automotive damage appraiser will be called in to review the claim.

We thank you for your cooperation with this matter and ask that you call with any questions you have at (800) 551-9115.

Regards,

Claim Department



**STATEMENT OF DAMAGE CLAIM**

ARP# \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PICKUP DATE: \_\_\_\_\_ DELIVERY DATE: \_\_\_\_\_

**VEHICLE INFORMATION**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

WAS VEHICLE DELIVERED TO YOU: YES OR NO

WAS DAMAGE NOTED AT DELIVERY? YES OR NO

DESCRIPTION OF DAMAGE DONE AS A RESULT OF TRANSIT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT CLAIMED: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

UPON RECEIPT OF YOUR CLAIM FORM AND ALL REQUIRED SUPPORTING DOCUMENTATION, WE WILL BEGIN EFFORTS TO RESOLVE THIS MATTER QUICKLY AND SATISFACTORILY.