



ECP CLAIM FORM

Toll Free: 800.323.3521
Toll Free Fax: 800.409.5195
Email: claims@ecpinc.net
PO Box 6070, Woodridge, IL 60517

CUSTOMER INFORMATION

| | | | | | | |
|--|-------|--------|------------------------|------------------|--------|--|
| Name: | | | | | Date: | |
| Address: | | | | | | |
| City: | | State: | | | Zip: | |
| Home Phone: | | | Cell Phone: | | | |
| Email: | | | Purchasing Dealership: | | | |
| Year: | Make: | Model: | VIN: | Current Mileage: | Color: | |
| WARRANTY NUMBER: | | | | | | |
| <i>(please be sure to include the prefix in front of the numbers located on your warranty)</i> | | | | | | |

IF at a REPAIR SHOP, please complete this section

| | | | | |
|----------------|--------|--|-----------------------------|------|
| Repairer Name: | | | Is the vehicle at the shop? | |
| Address: | | | | |
| City: | State: | | | Zip: |
| Phone: | | | Cell Phone: | |
| Email: | | | Contact Name: | |

TYPE OF CLAIM *(check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Environmental Paint | <input type="checkbox"/> Interior Stains | <input type="checkbox"/> Headlight Lens |
| <input type="checkbox"/> Corrosion | <input type="checkbox"/> Rips, Tears, Punctures & Burns | <input type="checkbox"/> Black Molding & Trim |
| <input type="checkbox"/> Undercoating/Sound Shield | <input type="checkbox"/> Paintless Dent Repair | <input type="checkbox"/> Alloy Wheel |
| <input type="checkbox"/> Windshield | | <input type="checkbox"/> Key/Remote Replacement |

IN ORDER TO EXPEDITE PROCESSING PLEASE INCLUDE THE FOLLOWING *(only applying to claim type)*

- Copy of your warranty
- Itemized estimate of repair *(exterior and key claims)*
- Color photos all damaged areas

GENERAL CLAIM INFORMATION

Description, size & location of the damage: _____

Date the damage was initially identified: _____

INTERIOR EXPLANATION *(interior claims only - check all that apply)*

Please check the material & the cause of the damage below. Please note below if there are multiple materials/causes.

- | | | | | |
|---------------------------------------|--|---------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fabric Seats | <input type="checkbox"/> Vinyl/Leather | <input type="checkbox"/> Carpet | <input type="checkbox"/> Headliner | <input type="checkbox"/> Floor Mats |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Rips & Tears | | | |
| <input type="checkbox"/> Food | <input type="checkbox"/> Punctures | | | |
| <input type="checkbox"/> Bleach/Dye | <input type="checkbox"/> Burns | | | |
| <input type="checkbox"/> Ink | <input type="checkbox"/> Beverage | | | |
| <input type="checkbox"/> Crayon | <input type="checkbox"/> Grease | | | |

Type: _____
Type: _____

Additional Comments: _____

ONCE ALL DOCUMENTATION IS RECEIVED, PLEASE ALLOW 3 BUSINESS DAYS FOR RESPONSE.

I certify that the above information is correct and accurate to the best of my knowledge.

Signature _____

Date _____

IMPORTANT INFORMATION: Repairs should not be performed until written authorization has been received by our Claims Department ANY UNAUTHORIZED REPAIRS WILL NOT BE REIMBURSED.