

CONSUMER DISPUTE FORM

DATE OF COMPLAINT: _____ DATE OF REPOSSESSION: _____

CONSUMER NAME _____

CONTACT PHONE # _____

YR / MAKE / MODEL OF VEHICLE REPOSSESSED: _____

VIN OF VEHICLE REPOSSESSED: _____

WHAT IS YOUR HOME ADDRESS: _____

CITY, STATE, ZIP: _____

DID YOU PERSONALLY WITNESS THE DAMAGE BEING DONE? IF YES, PLEASE ELABORATE THE CIRCUMSTANCES RELATED TO THE DAMAGE OCCURRING:

DID YOU SPEAK TO THE REPOSSESSOR? ☐ YES ☐ NO

DID YOU SURRENDER THE KEY TO VEHICLE? ☐ YES ☐ NO

CAN YOU DESCRIBE THE EQUIPMENT USED TO REPOSSESS THE VEHICLE / COLLATERAL?

WHERE WAS THE VEHICLE PARKED AT THE TIME OF REPOSSESSION?

WAS THE VEHICLE TOWED FROM THE FRONT OR THE REAR? ☐ FRONT ☐ REAR

WAS THE VEHICLE PARKED REAR END IN OR FRONT IN? ☐ FRONT ☐ REAR
(WHICH END OF VEHICLE WAS EASIER TO ACCESS WITH A TOW TRUCK?)

CAN YOU DESCRIBE THE WEATHER AT THE TIME?

HAS THE VEHICLE BEEN PREVIOUSLY INVOLVED IN ANY ACCIDENT? ☐ YES ☐ NO

IF YES, DATE, WHEN (DATE)? ____/____/____

DESCRIBE ANY PREVIOUS / PRE-EXISTING DAMAGE:

WHO WAS THE LAST PERSON TO DRIVE THE VEHICLE? _____

IF NOT YOU, RELATIONSHIP TO YOU? _____

IMPORTANT BEFORE DISCOVERING THE DAMAGE, WHEN WAS THE LAST TIME YOU SAW THE CAR?

DATE: ____/____/____, TIME: ____:____ ☐ AM ☐ PM

WAS THE CAR LOCKED THE LAST TIME YOU SAW IT? ☐ YES ☐ NO

- IF YES, DID YOU PARK THE CAR WHERE IT WAS REPOSSESSED FROM? ☐ YES ☐ NO

WHERE DID YOU REDEEM YOUR VEHICLE FROM? _____

- DATE: ____/____/____, TIME: ____:____ ☐ AM ☐ PM

[illegible]

- IF YES, POLICE DEPT CONTACT INFO (REPORT # AND OFFICER'S NAME & CONTACT NUMBER):

- IF YES, PLEASE SUBMIT A COPY WITH THIS FORM.

- IF YES, PLEASE SUBMIT COPIE(S) WITH THIS FORM.

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[illegible]

Do you have full coverage insurance on the vehicle? ☐ Yes ☐ No

IF YOU ARE PROVIDING REPLACEMENT COSTS OR VALUE, YOU MUST NOTE: ITEM DESCRIPTION, ESTIMATED REPLACEMENT COST, DATE ORIGINALLY PURCHASED.

DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

DESCRIPTION: _____ \$ _____

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DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

DESCRIPTION: _____ \$ _____

DATE OF PURCHASE: _____

Consumer Dispute Form v2.0 050525

**PLEASE ENSURE YOU CHECK ALL 7 (SEVEN) ITEM BELOW ON LEFT HAND SIDE ONLY
AFTER YOU HAVE READ, ACKNOWLEDGE AND AGREE TO EACH ITEM, AND FINALLY SIGN,
PRINT YOUR NAME AND DATE OF SUBMITTAL.**

☐ I UNDERSTAND THAT MY SIGNATURE BELOW CERTIFIES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT.

☐ I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION BEING SUBMITTED BY ME WILL RESULT IN A DENIAL OF THIS CLAIM AND POSSIBLE CRIMINAL PROSECUTION, UNDER STATE LAW FOR INSURANCE FRAUD.

☐ ATTACH A LEGIBLE COPY OF YOUR STATE ISSUED IDENTIFICATION OR YOUR CLAIM WILL NOT BE CONSIDERED. PLEASE ENSURE YOUR PRINTED NAME BELOW WHERE YOU SIGN MATCHES THIS PROVIDED LEGIBLE COPY. YOUR FAILURE TO COOPERATE WILL RESULT IN A DENIAL OF YOUR CLAIM.

☐ YOUR COOPERATION WITH THE CLAIMS HANDLER DURING OUR INVESTIGATION IS NECESSARY TO PROPERLY EVALUATE YOUR CLAIM. YOUR LACK OF COOPERATION MAY RESULT IN A DENIAL OF YOUR CLAIM.

☐ OUR INVESTIGATION, WHICH MAY CONSIST OF, BUT NOT LIMITED TO, INTERVIEWING WITNESSES AND INDIVIDUALS WHO MAY HAVE ANY KNOWLEDGE OF THE ISSUES DESCRIBED BY YOU. THIS MAY INCLUDE, BUT IS NOT LIMITED TO, YOUR NEIGHBORS, REPAIR SHOPS, YOUR LENDER, THE ORIGINAL SELLING DEALER, AND OTHERS WE DETERMINE TO BE RELEVANT TO THE CLAIM SUBMITTED.

☐ BY EXECUTING THIS CLAIM FORM, I AM DECLARING, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED HERE IS TRUE AND CORRECT. I UNDERSTAND THAT THE SUBMISSION OF FALSE INFORMATION IS A CRIME AND MAY RESULT IN THE FILING OF A CRIMINAL COMPLAINT TO THE LOCAL LAW ENFORCEMENT AND A REQUEST FOR CRIMINAL PROSECUTION AND/OR PUNISHMENT.

☐ I UNDERSTAND THAT MY SIGNATURE BELOW CERTIFIES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT.

SIGNATURE: _____

PRINT: _____ DATE: _____

PLEASE EMAIL PHOTOS, DOCUMENTS, ETC., ANY ITEMS TO BE CONSIDERED AS EVIDENCE, ALONG WITH THIS FORM, TO: resolutiondept@accadj.com.

Notary Note:

NOTARY REQUIRED? ☐ Yes ☐ No

A notarized document is not expected initially; however, if proper identification is not provided with this claim form, or if we suspect any information provided to be misleading, false, or otherwise inaccurate, we reserve the right to reject the form and require notarization to authenticate the document before accepting the claim for review. If notarization is required, please use the attached Notary Public Acknowledgment page.

NOTARY REQUIRED? [☐] Yes [☐] No

Notary Public Acknowledgment

State of _____

County of _____

On this ____ day of _____, **20**, before me, a Notary Public, personally appeared

_____ (name of signer), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: _____

Notary Public Printed Name: _____

My Commission Expires: _____

Commission Number: _____

[Notary Seal Here]

- - - - - **BELOW THIS AREA - OFFICE USE ONLY PLEASE** - - - - -

ARE ALL AREAS OF THE FORM ABOVE FILLED IN PROPERLY AND TO ITS ENTIRETY? IF NOT, REJECT THE CLAIM FORM, SEND BACK TO THE CLAIMANT AND REQUEST ALL FIELDS AND AREAS BE FILLED OUT, ALL BOXES CHECKED, ETC.

RESPONSIBLE PARTY TO INVESTIGATE DISPUTE_____

DATE OF INVESTIGATION_____

ACTION TAKEN (ATTACH ADDITIONAL PAGE(S) AS NECESSARY):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

FOR SUPERVISOR USE ONLY

NAME OF REVIEWING SUPERVISOR _____ DATE: _____

WAS THE CONSUMER NOTIFIED OF THE ACTION TAKEN IN RESPONSE TO THE COMPLAINT?

☐ YES ☐ NO

WAS THE COMPLAINT HANDLED IN ACCORDANCE WITH OUR COMPLAINT HANDLING PROCEDURES MANUAL.

☐ YES ☐ NO

IF NOT, EXPLAIN WHY IT WAS NOT AND WHAT ACTION HAS BEEN TAKEN TO ENSURE COMPLIANCE IN THE FUTURE.

IS ANY FURTHER ACTION REQUIRED IN REFERENCE TO THE DISPUTE?

☐ YES ☐ NO

IF YES, WHAT ADDITIONAL STEPS ARE BEING TAKEN (ATTACH ADDITIONAL PAGE(S) AS NECESSARY):

HAS THE DISPUTE BEEN LOGGED IN THE CONSUMER DISPUTE LOG?

☐ YES ☐ NO