

Chattel Operations Claim Form

Chattel Impairment and Repossessed Chattel

For prompt processing of your claim, please:

1. Answer all questions on this report and return to address as noted on page 4.
2. Provide a copy of the Mortgage Loan Application, Chattel Mortgage, Security Agreement, Wage Assignment, Promissory Note, Insurance Documentation, Vehicle Ownership, Statement of Account, Delinquency Reports for entire term of loan, Repair Estimate and/or Invoice, photograph of the property (if available), Bankruptcy or Consumer Proposal Documents.

Part 1 – Account Information

Name of credit union	
Mailing address (include street address, city, province and postal code)	
Name of contact person	Position or title
Telephone number	Email address

Part 2 – Impairment

1. Did the loss occur as a result of the debtor not maintaining insurance on the property held as security on this loan? YES NO

2. If the debtor's insurance was still in force at the time of the loss, did the credit union give notice of loss as lienholder to the insurer? YES NO

If "YES," what is the status of the credit union's claim with them?

3. Did the loss occur because the insurer denied coverage? YES NO

4. Was the credit union notified that the debtor's policy was cancelled? YES NO

If "YES," when and how?

5. What action was taken upon receiving this notice?

If the credit union has not already done so, please submit a Proof of Loss to the debtor's insurer as soon as possible. Contact us if you require assistance with this.

Part 3 – Repossessed Chattel

When did you take possession of the chattel? (mm/dd/yyyy):

Chattel Operations Coverage is underwritten by CUMIS General Insurance.

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Part 4 – Debtor’s Insurance Details	
Name of debtor’s insurance company	Name of Adjuster
Address (include street address, city, province and postal code)	
Telephone number	Email address
Policy number	Cancellation date (mm/dd/yyyy)

Part 5 – Loss Details		
1. a) Identify chattel:	<input type="text"/>	
b) Cause of loss:	<input type="text"/>	
c) Describe damages:	<input type="text"/>	
d) Date of Damage (mm/dd/yyyy):	<input type="text"/>	
e) Date you discovered loss (mm/dd/yyyy):	<input type="text"/>	
f) Police Notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Division	Occurrence number	Officer’s name / badge number
g) Present location of the property:	<input type="text"/>	
h) Calculate the following:		
Cost of repairs \$	Salvage bids \$	Towing and storage \$

Part 6 – Loan Security			
1. List the Chattels are being claimed for:			
Year	Make	Model	Serial no.
Year	Make	Model	Serial no.
Year	Make	Model	Serial no.
Year	Make	Model	Serial no.

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Part 6 – Loan Security (continued)

2. Identify the type and amount of recovery of any other security that can or has been applied to reduce the outstanding balance:

Part 7 – Loan Details

Disbursement date (mm/dd/yyyy)	Date of last payment (mm/dd/yyyy)	Amount of loan \$
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1. Purpose of loan:

2. As of the date you discovered this loss, calculate the following:

Principal due \$	Interest due \$	Total due \$
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3. a) Refinanced? YES NO If "YES," date (mm/dd/yyyy):

Describe any changes to the financing terms. Describe any extensions:

b) Was a wage assignment obtained? YES NO

4. If there was a co-signor on the loan, complete the following:

Name (first, last)	Employer	
Address (include street address, city, province and postal code)		
Telephone number	Date of birth (mm/dd/yyyy)	Driver's license number

5. Provide an accounting of delinquency on the loan (delinquency reports):

6. Describe what action was taken, and when, to enforce the credit union's rights under the Security Agreement:

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Part 8 – Debtor's Profile		
Name <i>(first, last)</i>		
Address <i>(include street address, city, province and postal code)</i>		
Telephone number	Date of birth <i>(mm/dd/yyyy)</i>	Driver's license no.
Employer		
Employer address <i>(include street address, city, province and postal code)</i>		
1. Name which debtor has filed for bankruptcy or Consumer Proposal:		
<input type="text"/>		
When? <i>(mm/dd/yyyy)</i>	<input type="text"/>	

Part 9 – Signatures	
Name of authorized representative	Title
Signature of authorized representative	Date <i>(mm/dd/yyyy)</i>

PLEASE ENSURE ALL DOCUMENTS ARE ENCLOSED