



SAN ANTONIO VEHICLE IMPOUND FACILITY

To assure your claim is processed promptly please read and follow ALL instructions below.

- **All Claims must be filed prior to removing your vehicle from the Vehicle Storage Facility.**
- Claim must be filed with a Vehicle Storage Facility Employee.
- Claim must be filed by the Vehicle Registered Owner.
- Claimant must complete the attached claim form completely and legibly.
- All correspondence regarding your claim will be through email only at claims@alaniswrecker.net.
- All emails must include the last 6 digits of the VIN in the subject line when corresponding.
- In the event additional documents are needed to process your claim you will have 7 days from when they are requested to submit them via email.
- In the event there is no response from the claimant for additional documents/or acknowledgment of received email within 7 days, the claim will be closed as a no response.

YOU WILL BE NOTIFIED BY EMAIL THE RESULTS OF OUR INVESTIGATION TO YOUR CLAIM WITHIN 40 DAYS OF SUBMITTING CLAIM. YOU ARE ASKED TO PROVIDE A CURRENT CONTACT PHONE NUMBER ON YOUR CLAIM FORM IN THE EVENT ADDITIONAL INFORMATION IS NEEDED. THE DECISION ON YOUR CLAIM WILL NOT BE PROVIDED OVER THE PHONE. THEREFORE, AN ACCURATE EMAIL ADDRESS IS ESSENTIAL.

Please check your spam/junk folder for any correspondence regarding your claim.

Sincerely,

Claims Department

R/O PRINTED NAME

R/O SIGNATURE

DATE

CLAIM# _____
(SAVIF will fill out)

PLEASE PRINT LEGIBLY

Name _____ Date _____

Phone # _____ Email _____

Address _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____

VIN # | | | | | | | | | | | | | | | | | | | | LP# _____

DESCRIPTION OF VEHICLE DAMAGE OR MISSING PROPERTY

I CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY FALSE OR MISLEADING INFORMATION SUBMITTED ON THIS CLAIM WILL BE CONSIDERED AS FRAUD WHICH CAN RESULT IN THE DENIAL OF THIS CLAIM.

R/O PRINTED NAME R/O SIGNATURE DATE