



**TLP
Program Loss
Information Form**

Date of Total Loss _____

BUYER / LESSEE INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

DEALERSHIP INFORMATION

Dealer Name _____ Dealer Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

VEHICLE INFORMATION

Manufacturer _____ Model _____ Year _____

Vehicle ID # _____

Vehicle Purchase Price \$ _____ New Vehicle Used Vehicle

INFORMATION CHECKLIST

You must report the Total Loss to law enforcement authorities within twenty-four (24) hours of knowledge of the Total Loss, and the following is made available to Torque Group within sixty (60) days after receipt of payment from Your primary physical damage insurance carrier, or if uninsured, within sixty (60) days after the Total Loss occurred. A loss amount, with proof of its payment, or if uninsured, verification of Total Loss by an adjuster approved by TG.

Copies of the following documents MUST be provided in order for you to benefit from your TLP Guaranty.

- Your copy of this Guaranty
- A copy of the original Vehicles and Replacement Vehicle's bill of sale
- A copy of the Police Report

WHERE TO SEND YOUR INFORMATION

Please mail the information you have compiled to the following address:

TORQUE GROUP LLC
41 West Division Street Suite C
Evansville, IN 47710

IF YOU HAVE ANY QUESTIONS, CONTACT THE TLP ADMINISTRATOR AT 800-859-0590