



VSC CLAIM REPORTING FORM

This form may be used to initiate a clam only
ALL REPAIRS REQUIRE PRIOR AUTHORIZATION

Please fill out form completely and submit with complete estimate for review. One of our licensed claim adjusters will respond once all information has been reviewed.

Contact Number _____
 Customer Name _____
 Customer Phone/E-Mail _____
 Vehicle Year/Make/Model _____
 VIN # _____

Name of Repair Facility _____
 Repair Facility Address _____
 Repair Facility City/State/Zip _____
 Repair Facility Contact/Phone _____
 Repair Facility E-Mail _____
 Hourly Rate _____ Tax Rate _____ Labor Guide _____

Date of Loss _____
 Current Odometer _____

Customers Complaint

Cause of Failure

Correction

Once completed this form along with supporting documents can be e-mailed warclaims@orias.com or faxed to 918-250-4889

