



ECP CLAIM FORM

Toll Free: 800.323.3521
Toll Free Fax: 800.409.5195
Email: claims@ecpinc.net
PO Box 6070 Woodridge, IL 60517

CUSTOMER INFORMATION

Name:						Date:	
Address:							
City:		State:		Zip:			
Home Phone:			Cell Phone:				
Email:			Purchasing Dealership:				
Year:	Make:	Model:	VIN:		Current Mileage:	Color:	

WARRANTY NUMBER:

(please be sure to include the prefix in front of the numbers located on your warranty)

TYPE OF CLAIM (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Environmental Paint | <input type="checkbox"/> Interior Stains | <input type="checkbox"/> Headlight Lens |
| <input type="checkbox"/> Corrosion | <input type="checkbox"/> Rips, Tears, Punctures & Burns | <input type="checkbox"/> Black Molding & Trim |
| <input type="checkbox"/> Undercoating/Sound Shield | | <input type="checkbox"/> Alloy Wheel |

IN ORDER TO EXPEDITE PROCESSING PLEASE INCLUDE THE FOLLOWING (only applying to claim type)

- Copy of your warranty
- Itemized estimate of repair (Paint & Rust Only)
- Color photos of the damage (Paint & Rust Only)

GENERAL CLAIM INFORMATION

Description, size & location of the damage: _____

Date the damage was initially identified: _____

INTERIOR EXPLANATION (interior claims only - check all that apply)

Please check the material & the cause of the damage below. Please note below if there are multiple materials/causes.

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Fabric Seats | <input type="checkbox"/> Vinyl/Leather | <input type="checkbox"/> Carpet | <input type="checkbox"/> Headliners & Floor Mats |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Rips & Tears | <input type="checkbox"/> General Dirt & Dust | |
| <input type="checkbox"/> Coffee/Tea | <input type="checkbox"/> Punctures | | |
| <input type="checkbox"/> Bleach/Dye | <input type="checkbox"/> Burns | | |
| <input type="checkbox"/> Ink | <input type="checkbox"/> Juice/Soda | Type: _____ | |
| <input type="checkbox"/> Crayon | <input type="checkbox"/> Grease | Type: _____ | |

Additional Comments: _____

ONCE ALL DOCUMENTATION IS RECEIVED, PLEASE ALLOW 3 BUSINESS DAYS FOR RESPONSE.

I certify that the above information is correct and accurate to the best of my knowledge.

Signature _____

Date _____

IMPORTANT INFORMATION: Repairs should not be performed until written authorization has been received by our Claims Department ANY UNAUTHORIZED REPAIRS WILL NOT BE REIMBURSED.