Auto Body Association of Connecticut

INFORMATION ABOUT ME AND VEHICLE

Name: _____

Address: _____

City: _____

State: _____ Zip _____

Daytime Phone: _____

Vehicle Year, Make: _____

Model: _____

Vehicle ID #: _____

INFORMATION ABOUT CLAIM

I want to complain against (check all applicable boxes)

☐ **An appraiser:**

_____

appraiser's name and license number

☐ **A claims supervisor or manager:**

_____

claims supervisor or manager's name

☐ **An insurance company:**

_____

Insurance company's name

☐ Insured

☐ Claimant

Date of loss: _____

Claim Number: _____

Here's the basis of my complaint (use extra pages as required:)

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Signature

Date