

CONSUMER MOTOR VEHICLE RECOVERY CORPORATION  
CONSUMER RECOVERY FUND CLAIM FORM INSTRUCTIONS

INSTRUCTIONS FOR FILLING OUT THE CMVRC CLAIM FORM:

In order for your claim to be reviewed, **you must provide all the information requested IN WRITING** to the Consumer Motor Vehicle Recovery Corporation (CMVRC). If any of the requested information is unavailable, please state that the information is unavailable to you and explain why.

**Please type or print your claim form in blue or black ink.** If additional space is needed to answer any question, please attach separate sheets of paper to this claim form showing on the separate sheet the number of the question you are answering. If you have a question about how to complete the Claim Form, email your question to [info@vehiclerecoveryfund.org](mailto:info@vehiclerecoveryfund.org).

**PLEASE DO NOT E-MAIL YOUR COMPLETED CLAIM FORM TO THIS E-MAIL ADDRESS. CLAIM FORMS RECEIVED BY E-MAIL WILL NOT BE PROCESSED.**

Please include **COPIES, NOT ORIGINALS**, of the documents requested and any other documents that support your claim. **Use ONE SIDE 8½ x 11 inch PAPER ONLY.**

Within 30 days of receipt of your Claim Form, CMVRC will notify you in writing whether your Claim Form is complete or whether additional information is required to process your Claim Form. A copy of your Claim Form will be provided to the Dealer/Lessor-Retailer who is the subject of your claim.

**Update requirement.** You are required to notify the CMVRC of any changes or updates to the information contained in your claim form. See Part V on the last page of this claim form.

The Claim Form begins on the next page. You do not need to include this instruction page when you send in your completed Claim Form. Return your completed Claim Form along with copies of the documents that support your claim to:

**Consumer Motor Vehicle Recovery Corporation  
Gilardi & Co. LLC Claims Administrator  
P.O. Box 8060  
San Rafael, CA 94912-8060**

# CONSUMER MOTOR VEHICLE RECOVERY CORPORATION

## CONSUMER RECOVERY FUND CLAIM FORM INSTRUCTIONS

### CLAIM 7



### INSTRUCTIONS FOR FILLING OUT THE CMVRC CLAIM FORM

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**CONSUMER MOTOR VEHICLE RECOVERY CORPORATION**

**GILARDI & CO. LLC, CLAIMS ADMINISTRATOR**

**P.O. BOX 8060**

**SAN RAFAEL, CA 94912-8060**



# CLAIM FORM

## CONSUMER MOTOR VEHICLE RECOVERY FUND

Please Print Legibly In The Boxes Below.

**DO NOT** Use Pencil Or Red Ink. The Scanners Will Not See Those.

### PART I

#### PERSONAL INFORMATION

FIRST NAME

LAST NAME

ADDRESS

ADDRESS (CONT'D.)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

EMAIL ADDRESS

#### VEHICLE INFORMATION

MAKE

MODEL

LICENSE PLATE NUMBER

VEHICLE IDENTIFICATION NUMBER (VIN)

### PART II

#### DEALER WHO IS THE SUBJECT OF YOUR CLAIM

DEALER'S TRADE NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

TO YOUR KNOWLEDGE, IS THE DEALER STILL IN BUSINESS?

Y

N

EXPLAIN:

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ATTACHMENT? \_\_\_\_\_



# CLAIM FORM

## CONSUMER MOTOR VEHICLE RECOVERY FUND

### PART III

#### CLAIMANT INFORMATION

##### DEALER FAILED TO

##### YOU MUST PROVIDE

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> TRANSFER LICENSE OR REGISTRATION FEES TO DMV | ➔ | • A COPY OF YOUR CONTRACT WITH THE DEALER |
|---|---|---|
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> PAY THE PROCEEDS OF A CONSIGNMENT SALE | ➔ | <ul style="list-style-type: none"> <li>• A COPY OF CONSIGNMENT AGREEMENT</li> <li>• DOCUMENT(S) SHOWING SALE OF CONSIGNED VEHICLE</li> </ul> |
|---|---|--|
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> PAY OFF THE REMAINING LIEN AMOUNT ON YOUR TRADE-IN VEHICLE | ➔ | <ul style="list-style-type: none"> <li>• A BILLING STATEMENT, OR OTHER DOCUMENTS FROM YOUR LENDER, SHOWING THE AMOUNT DUE</li> <li>• A COPY OF YOUR CONTRACT WITH THE DEALER</li> </ul> |
|---|---|---|
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> PROVIDE GOOD TITLE | ➔ | <ul style="list-style-type: none"> <li>• A COPY OF YOUR CONTRACT WITH THE DEALER</li> <li>• A BILLING STATEMENT, OR OTHER DOCUMENTS FROM THE LEGAL OWNER OR OTHER CLAIMANT OF AMOUNT CLAIMED TO BE OWED AND THE AMOUNT, IF ANY, THAT HE OR SHE RECEIVED FROM THE DEALER OR LESSOR-RETAILER</li> </ul> |
|---|---|---|
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> PAY THIRD PARTIES FOR INSURANCE, SERVICE CONTRACT, OR GOODS OR SERVICES | ➔ | <ul style="list-style-type: none"> <li>• A COPY OF YOUR CONTRACT WITH THE DEALER</li> <li>• A BILLING STATEMENT, OR OTHER DOCUMENTS FROM THE THIRD PARTY OF THE AMOUNT, IF ANY, THAT HE OR SHE RECEIVED FROM THE DEALER OR LESSOR-RETAILER</li> </ul> |
|--|---|---|

AMOUNT CLAIMED

\$       .

DATE OF INCIDENT

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
M	M	D	D	Y	Y	Y	Y

DESCRIBE THE EVENTS ON WHICH YOU BASE THIS CLAIM

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HAVE YOU TAKEN ANY ACTION TO RECOVER ALL OR PART OF THE CLAIM, SUCH AS MAKING A CLAIM UNDER THE DEALER'S BOND OR SUING IN SMALL CLAIMS COURT?

ATTACHMENT?  Y  N

AMOUNT CLAIMED

\$       .

IF YOU ANSWERED "YES" TO TAKING ANY ACTION, PLEASE EXPLAIN THE RESULT AND CURRENT STATUS:

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HAVE ANY PAYMENTS BEEN MADE TOWARD THE BALANCE OWED ON YOUR VEHICLE OR TRADE-IN SINCE THE CONTRACT WAS SIGNED?

ATTACHMENT?  Y  N

IF YOU ANSWERED "YES", PLEASE LIST THE PAYOR, AMOUNTS AND DATES. PROVIDE SUPPORTING DOCUMENTATION.

PAYOR

DATE PAID

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
M	M	D	D	Y	Y	Y	Y

AMOUNT PAID

\$       .

PAYOR

DATE PAID

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
M	M	D	D	Y	Y	Y	Y

AMOUNT PAID

\$       .



# CLAIM FORM

## CONSUMER MOTOR VEHICLE RECOVERY FUND

### PART IV

#### REQUIRED DOCUMENTATION

Please include the requested documents related to the type of claim you are filing. Be advised that the CMVRC may require reasonable additional information to process eligible claims.

1. **IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER FAILED TO TRANSFER LICENSE OR REGISTRATION FEES, PLEASE PROVIDE:**
  - A copy of your agreement or contract with the Dealer/Lessor-Retailer
2. **IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER FAILED TO PAY THE PROCEEDS OF A CONSIGNMENT SALE, PLEASE PROVIDE:**
  - A copy of the Consignment Agreement
  - All documents showing sale of consigned vehicle
3. **IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER FAILED TO PAY THE BALANCE OWING ON YOUR TRADE-IN VEHICLE, PLEASE PROVIDE:**
  - A billing statement, or other document from your lender, showing the amount due
  - A copy of your agreement or contract with the Dealer/Lessor-Retailer
4. **IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER FAILED TO PROVIDE GOOD TITLE, PLEASE PROVIDE:**
  - A copy of your contract with the Dealer-Lessee-Retailer
  - A billing statement, or other documents from the legal owner, such as a bank or finance company, or other claimant of the amount that is claimed to be owed and the amount, if any, that he or she received from the dealer or lessor-retailer.
5. **IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER FAILED TO PAY THIRD PARTIES FOR INSURANCE, SERVICE CONTRACTS, OR GOODS OR SERVICES PURCHASED THROUGH THE DEALER, PLEASE PROVIDE:**
  - A copy of your agreement or contract with the Dealer-Lessor-Retailer
  - A billing statement, or other documents from the third party of the amount, if any, that he or she received from the dealer or lessor-retailer

### PART V

#### YOUR OBLIGATION TO UPDATE INFORMATION AND AUTHORIZATION FOR CMVRC TO OBTAIN INFORMATION

You must notify the CMVRC of any changes or updates to the information contained in your claim form, including notice of any payments you have received from your insurance company, the dealer, the dealer's bond, or any other person or entity. If you fail to notify the CMVRC of any changes or updates, the CMVRC may deny your claim. You agree to repay to the CMVRC to the extent you receive any money from anyone for the loss covered by CMVRC's payment to you.

The CMVRC may contact the Dealer/Lessor-Retailer, the Department of Motor Vehicles, a financial institution or others to get information about your claim. By signing this Claim Form, you authorize the CMVRC to request and obtain information to determine whether your claim is eligible for payment. You authorize the Dealer/Lessor-Retailer that is the subject of this claim, the Department of Motor Vehicles, lessors, financial institutions, and other persons to cooperate with the CMVRC and to release to the CMVRC any record(s) or other information that the CMVRC in its discretion may request to determine whether your claim is eligible for payment.

### PART VI

#### AUTHORIZED USE OF APPROVED FUNDS AND AGREEMENT TO REPAY CMVRC FROM OTHER RECOVERY

California Motor Vehicle Code Section 12210 provides that, immediately upon the CMVRC's payment to you, the CMVRC is entitled to enforce all of your rights and remedies against the Dealer (or Lessor-Retailer) to try to recover the amount of the payment. You may not seek to recover the amount you have received from the CMVRC from the dealer or the dealer's bond. Your rights are otherwise not affected, and you may pursue other claims, if any, such as a valid claim for fraud, against the dealer or the dealer's bond. If the CMVRC makes any payment to you on your claim, you agree to cooperate fully with the CMVRC in any reasonable effort that it may undertake to recover the amount of the payment from the dealer or the dealer's bond. If you have any further questions regarding this matter, please feel free to contact the CMVRC. You must notify the CMVRC of any changes or updates to the information contained in your claim form, including notice of any payments you have received from your insurance company, the dealer, the dealer's bond, or any other person or entity. If you fail to notify the CMVRC of any changes or updates, the CMVRC may deny your claim. You agree to repay to the CMVRC to the extent you receive any money from anyone for the loss covered by CMVRC's payment to you.

### PART VII

#### SIGN AND DATE

I declare under penalty of perjury under the laws of the State of California that the information provided in this claim and accompanying documents is true and correct.

SIGNATURE \_\_\_\_\_

DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

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**SAN RAFAEL, CA 94912-8060**

