



FIRST AMERICAN TITLE INSURANCE DE MÉXICO, S.A. DE C.V.
CLAIM DEPARTMENT
NOTICE OF CLAIM

The insured should send all notices to the Company's address as shown in the policy. This form is intended to provide notice of a claim, facilitate the initial investigation and coverage evaluation. Information not requested in this form that may be relevant to the claim should be included in additional pages.

1 - POLICY					
Policy Number:		Order Number:		Date:	
				Month	Day
					Year
2 - INSURED'S INFORMATION					
Name(s), Last Name, Second Last Name, Name or Company Name:					
Insured's Address					
Street Address:			Exterior No.:	Interior No.:	
District / Neighborhood:		Zip Code:	County:		
City:	State:	Country:	Telephone Number		
			Area Code:		
Email Address:			Mobile Telephone Number		
			Area Code:		
Attorney-in-Fact / Insured's Representative:					
Name(s), Last Name, Second Last Name:					
Official Document No./ Deed:	Notary Public:	State:	Date:		
Address of the Attorney-in-Fact / Insured's Representative:					
Street Address:			Exterior No.:	Interior No.:	
District / Neighborhood:		Zip Code:	County:		
City:	State:	Country:	Telephone Number		
			Area Code:		
Email Address:			Mobile Telephone Number		
			Area Code:		
3 - INFORMATION REGARDING THE PROPERTY					
Property (indicate if it is an apartment, house, villa, or lot):					
Street Address:			Exterior No.:	Interior No.:	
District / Neighborhood:		Zip Code:	County:		
City:	State:				
Describe the current status of the property (built, vacant, or occupied):					
Describe if the property is fenced, signposted, or marked:					
Describe if the Insured has physical possession of the property:					

