

# Statement of Loss

Name: \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Last Six of VIN # \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ Cell \_\_\_\_\_

Date of birth: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Is this vehicle ever used in the scope of your business or occupation?  Yes.  No.

If yes, how is this vehicle used in the course or scope of your business or occupation?

How often? \_\_\_\_\_

Do you claim vehicle as a deduction on your personal or business income tax return?  Yes.  No.

Registered/Titled owner/s of the vehicle: \_\_\_\_\_

Date of Last Payment: \_\_\_\_\_. Is the account Past due?  Yes,  No. How Long? \_\_\_\_\_

Accident  Theft  Fire  Other. \_\_\_\_\_

Describe how the loss occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If loss is due to theft or fire please complete the section below.

Where is this vehicle usually garaged or stored? \_\_\_\_\_

Who performs routine maintenance? \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last service? \_\_\_\_\_ Reason for service: \_\_\_\_\_

Has vehicle been damaged or stolen in last three years?  NO.  Yes, if yes when? \_\_\_\_\_

If yes were repairs made?  Yes,  NO,  N/A

If yes, by who? \_\_\_\_\_. What repairs were made? \_\_\_\_\_

Mileage on the vehicle at the time of theft: \_\_\_\_\_. How verified? \_\_\_\_\_

Time and place of Theft/Fire: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_ PM

Is there a police report?  Yes  No. Case No. \_\_\_\_\_ Date reported: \_\_\_\_\_

Name of Agency that responded: \_\_\_\_\_ Police Dept Phone Number: \_\_\_\_\_

Who reported Loss to the Police: \_\_\_\_\_ Phone: \_\_\_\_\_

Who was the last person to drive vehicle: \_\_\_\_\_ Driver Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_, Zip: \_\_\_\_\_

If you are not the driver what is their relationship to you? \_\_\_\_\_

Where did you/driver come from just prior to the loss? \_\_\_\_\_

Specific Location of Loss: \_\_\_\_\_ City: \_\_\_\_\_, State \_\_\_\_\_

Reason vehicle left at this location: \_\_\_\_\_

When was vehicle last observed? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who observed it last? Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

When was loss discovered? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who discovered loss? \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

If vehicle Stolen from other than home (restaurant, theatre, mall, etc) names of other people present?

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

