Statement of Loss

Name:	Date of Loss:	Last Six of VIN #		
Phone Number: (H)	Cell	Last Six of VIN #		
Date of birth:				
Drivers License #	State:	_		
Drivers License # Occupation: Is this vehicle ever used in the scope	Employer:			
Is this vehicle ever used in the scope	of your business or oc	ecupation? Yes. No.		
If yes, how is this vehicle used in the course or scope of your business or occupation?				
How often?	1 1	usiness income tax return? Yes. No.		
Do you claim vehicle as a deduction	on your personal or b	isiness income tax return? Yes No.		
Designand/Titled avynan/s of the year	iala.			
Registered/Titled owner/s of the vehicle: Date of Last Payment: Is the account Past due? Yes, No. How Long?				
Date of Last Payment: Is the account Past due? Yes, No. How Long?				
Accident Theft Fire	Other.			
Describe how the loss occurred:				
Is there a malice moment? Veg	No. Cosa No.			
Name of A general that responded:	Police Γ	Dept Phone Number:		
Who reported Loss to the Police:	1 Office L	Phone:		
who reported Loss to the Folice.		I none.		
If loss is due to	that or fire places acr	mulate the coefice below		
If loss is due to	theft or fire please con	mplete the section below.		
	•			
	•			
Where is this vehicle usually garaged Who performs routine maintenance?	d or stored?	Phone:		
Where is this vehicle usually garaged Who performs routine maintenance?	d or stored?	Phone:		
Where is this vehicle usually garaged Who performs routine maintenance? Date of last service? Has vehicle been damaged or stolen	d or stored? Reason for service in last three years?	Phone: NO. Yes, if yes when?		
Where is this vehicle usually garaged Who performs routine maintenance? Date of last service? Has vehicle been damaged or stolen If yes were repairs made? Yes, If yes, by who?	d or stored? Reason for service in last three years? NO, N/A hat repairs were made?	Phone: : NO. Yes, if yes when?		
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If vehicle stolen away from h	ome, how did user and the passengers	s get home?		
Who provided transportation? Name: Phone Number: How many Keys did you receive at time of Purchase? How many keys do you have now?				
How many Keys did you rece	eive at time of Purchase? . How	w many keys do you have now?		
Are these keys transponder equipped keys? Yes, NO (car won't start without key)				
Who has possession of the ke	cys?	3,		
Were the vehicle doors locke	eys?d?	ft in the vehicle? Yes No		
Was the alarm activated at tir	ne of loss? Yes No	NI/A		
Was the validate agains of with	th Lo Jack/On Star. Yes No	IN/A		
	of loss? Yes No If yes, w	nen?		
Was vehicle recovered? Yes No What was the condition of the vehicle when recovered?				
what was the condition of the	e venicle when recovered?			
(If recovered, please provide	copy of recovery report)			
Any person who knowingly and with intent to injure, defraud or deceive by filing a statement of claim containing any false, incomplete or misleading information may be guilty of a felony of the				
third degree.				
D . G . 1 . 1				
Date Completed:	_			
Time Completed:	<u> </u>			
D : ()I	<u>G.</u>	D /		
Print Name	Signature	Date		
STATE OF				
COUNTY OF				
The foregoing instrument wa	s acknowledged before me the	day of		
Rv	who is personally kr	nown to me or () produced a		
	, who is personally kn as identification and who states	he/she is duly authorized to execute		
said instrument.	as identification and who states	nershe is duly admonized to execute		
said mstrument.				
Notary public state of				
Signature of Notary				
Drinted name of materix				
Printed name of notary My Commission Expires				
wiy Commission Expires				