

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: _____

Is there a police report? Yes No Case No. _____

Name of Agency that responded: _____ Police Dept Phone Number: _____

Who reported Loss to the Police: _____ Phone: _____

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 _____

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: _____

If vehicle stolen away from home, how did user and the passengers 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? ____
 Are these keys transponder equipped keys? Yes, NO (car won't start without key)
 Who has possession of the keys? _____
 Were the vehicle doors locked? Yes No Were the keys left in the vehicle? Yes No
 Was the vehicle equipped with an alarm? Yes No If yes, Make/Model: _____
 Was the alarm activated at time of loss? Yes No N/A
 Was the vehicle equipped with Lo Jack/On Star. Yes No
 Was Lo Jack/On star notified of loss? Yes No If yes, when?
 Was vehicle recovered? Yes No
 What was the condition of the vehicle 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.

Date Completed: _____
 Time Completed: _____

 Print Name Signature Date

STATE OF _____
 COUNTY OF _____

The foregoing instrument was acknowledged before me the _____ day of _____, _____
 By _____, who is personally known to me or () produced a
 _____ as identification and who states he/she is duly authorized to execute
 said instrument.

Notary public, state of _____
 Signature of Notary _____
 Printed name of notary _____
 My Commission Expires _____