*Note: This form must be completed in its entirety. Submitting a partially completed form or delaying the return of this form will result in delayed claim processing.

Statement of Loss/Fire Loss

Buyer/Co-buyer's Name:	<i>I</i>	
Date of Loss:/	ast Six digits of VIN:	
Was the vehicle previously reported as stolen?	YES	NO
Did the fire originate in the vehicle?	YES	NO
If somewhere else, where?		
Were you driving the vehicle when the fire started?	YES	NO
In what area of the vehicle did the fire originate?		-
Did the police and/or fire department come to the location of If yes, please provide supporting documentation	the fire? YES	NO
When was the last time the vehicle was serviced?/_		
What was the last service performed?		
What was the mileage on the vehicle when the last service w	as performed?	
What was the mileage on the vehicle at time of fire?		
How was the mileage verified?		
What was the location of the fire?	ther address (list the ph	nysical address)
Please describe to the best of your knowledge how the fire s	tarted and all relevant e	events that followed

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Any person who knowingly and with intent to injure, defraud or deceived by filing a statement of claim containing any false, incomplete or misleading information may be guilty of a felony of the third degree.

Print Name:	Signature:		
Date://	_		
STATE OF	C0	DUNTY OF	
The foregoing instrument was a	cknowledged before me	e this day of 20,by	
Personally known to me:	OR Produced	as Identification.	
Signature of Notary Public:		Notary Public Print Name:	
Commission Expires:			
			[Seal]

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