

*\*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. THE FORM SHOULD BE COMPLETED BY THE INDIVIDUAL DRIVING AT THE TIME OF LOSS.*

# Statement of Loss

Buyer/Co-buyer's Name: \_\_\_\_\_ / \_\_\_\_\_

Date of Loss: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Last Six digits of VIN: \_\_\_\_\_

Type of loss: \_\_\_\_\_  
*Examples: Single vehicle accident, multi-vehicle accident, flood, animal, hurricane, hail, vandalism*

Total number of vehicles involved?            1                    2                    3+

If you were forced off the road by another vehicle, did the vehicles make contact?    YES            NO            N/A

Who was at fault for the loss (collision only): \_\_\_\_\_

Are you using your insurance or the at-fault insurance company? \_\_\_\_\_

Did you exchange information with the other driver(s)(collision only):            YES            NO

Was any property damaged?    YES            NO

Was anyone injured?    YES            NO

Were the police present at the scene?    YES            NO

Did you or the other driver receive a citation?    YES            NO

If you answered yes to any of the above, please provide supporting documentation.

Describe in detail how the loss occurred:

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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 \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of 20\_\_\_\_, by \_\_\_\_\_.

Personally known to me: \_\_\_\_\_ OR Produced \_\_\_\_\_ as Identification.

Signature of Notary Public: \_\_\_\_\_

Notary Public Print Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

[Seal]