

*\*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/Theft Loss

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

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

Is this vehicle used in the course or scope of business or occupation?      YES              NO

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

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Who besides the buyer and co-buyer has permission to drive the vehicle? \_\_\_\_\_

How is the above permissive driver related to you?                      YES              NO

Is it possible the vehicle was repossessed?                      YES              NO

Was the theft reported to the police department?                      YES              NO

If yes, please provide a copy of the police/incident report. **(REQUIRED)**

Describe in detail how the theft occurred:

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

What was the mileage on the vehicle at time of theft? \_\_\_\_\_

How was the mileage verified? \_\_\_\_\_

What was the exact location the vehicle was stolen from? \_\_\_\_\_

Why was the vehicle left at this location? \_\_\_\_\_

What was the last date and time the vehicle was observed? \_\_\_\_\_

Who is the last person to observe the vehicle? \_\_\_\_\_

What is the date and time the vehicle was discovered stolen? \_\_\_\_\_

Who discovered the vehicle was no longer at the last known location? \_\_\_\_\_

How many keys/fobs were received at the time the vehicle was purchased? \_\_\_\_\_

Who had possession of the keys/fobs at the time of loss? \_\_\_\_\_

What is the current location of keys/fobs at this time? \_\_\_\_\_

Were there any signs the vehicle was broken into or was it unlocked? \_\_\_\_\_

Example: broken glass

Were there any cameras in the area that caught the theft on tape? \_\_\_\_\_

Was the vehicle recovered? \_\_\_\_\_

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 and time this statement was completed:

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]