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

***NOTE**: Complete this form in its **entirety.**

Submitting a partially completed form or delaying the return of this form will result in delayed claim processing.

STATEMENT OF LOSS

Buyer/Co-buyer's Name:_____/_____

Date of loss:_____ Last 6 digits of VIN: _____

Type of Loss: collision, theft, fire, flood, animal, hail, vandalism, other _____

# of vehicles involved:_____Were you at fault:_____Are you using your insurance?_____

Did you exchange information with the other driver(s)? _____

Who is their insurance company? _____

For collision, were the police called?_____IF NOT, why were they not called? _____

Did they show up?_____IF NOT, do you know why they didn't respond? _____

If the police were on the scene, did you receive a driver's exchange of information with instructions on how to obtain the report, or a report number? _____**If so, please provide a copy of the report; it is REQUIRED.**

Was anyone injured?_____Did you receive a citation?_____**If yes, please provide a copy.**

Did the other driver receive a citation, if so, what was the citation issued for? _____

Describe **in detail** how the loss occurred: _____

_____

_____

_____

_____

_____

_____

Any person who knowingly and with intent to injure, default 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 acknowledge before me this (date)_____

by_____ Personally known to me: _____

OR Produced_____ as Identification.

Notary Public Print Name:_____ Signature of Notary Public: _____

Commission Expires: _____

[Seal]