

ALL THEFTS MUST BE REPORTED TO THE POLICE. ALL OF THE QUESTIONS ON THIS FORM MUST BE ANSWERED. RETURN THIS AFFIDAVIT BY MAIL WITHIN THE NEXT 5 DAYS. WE MAY ALSO REQUIRE AN ADDITIONAL STATEMENT CONCERNING THIS LOSS.

TOTAL THEFT AFFIDAVIT

Insured Information	Name of Insured:		Claim Number:		
	Address:		Postal:	Home Phone Number:	
	Date of Birth:	Driver's License Number and Province:		Cell Phone Number :	
	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Children: Yes <input type="checkbox"/> No <input type="checkbox"/>		Business Phone Number:	
	Driver's licence suspensions: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Why? _____				
Details of Theft	Location of Theft:		Date theft discovered:	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	Was Vehicle locked? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date and time vehicle parked there:		Who left the vehicle at that location:		
	If other than policyholder, Did they have permission to take the vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>			Who discovered the theft:	
	Describe:				
	Name:	Their driver's licence no.:		Where was owner when theft occurred?	
	Is it possible that someone you know borrowed the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			How many sets of keys:	Have you ever lost any sets of keys for the vehicle:
	If yes, Who? Name: _____ Phone no. _____			Before theft: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Relationship to named insured: _____			After theft: _____	
	Has the vehicle recently been listed for sale: Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If so, where was ad listed:				
	How did you or the driver return home?		Date the theft reported to police:	Who Reported to police:	
	From where:	Phone number police were called from:		Police Occurrence No.:	
	Officer Name:		Badge No.:	Suspects/Arrests:	
	Has the vehicle been recovered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?		Where is the vehicle now:	
Condition of vehicle when it was recovered?					
Insured Vehicle Information	Year of Vehicle:	Make:	Model:	Gas : <input type="checkbox"/> Diesel: <input type="checkbox"/>	Licence Plate No.:
	Colour:	Vin Number:	Odometer Reading:	No. Cylinders:	Transmission Automatic : <input type="checkbox"/> Manual : <input type="checkbox"/>
	Speeds forward:	Vehicles usual place of garaging:		Have you ever had any Previous theft losses: Yes <input type="checkbox"/> No <input type="checkbox"/>	

If yes, please provide details, incl. insurer name:

See Attached Vehicle Equipment Checklist

Vehicle Condition	Who does routine maintenance?	Any mechanical problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
	Body : Any dents or rust? Yes <input type="checkbox"/> No <input type="checkbox"/>	Paint : Original <input type="checkbox"/> Recently Painted <input type="checkbox"/> If recently painted, please provide/attach work invoice/receipt		
	Date last serviced?	By Whom?	Interior Condition Typical <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>	
	Has the vehicle been damaged in the last 3yrs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Was this damage claimed through insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of insurance co. who paid damages:	
	Any other accident/claims in the last 5yrs, please list details:			
Vehicle Purchase Information	Date purchased or leased:	New <input type="checkbox"/> Used <input type="checkbox"/> Demo <input type="checkbox"/>	Purchase price: \$	Sellers name, address and phone number:
	If leased vehicle, from whom?			
	Do you have the Bill of Sale? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Ownership? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Finance <input type="checkbox"/>	Is vehicle financed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, name, address and account number of finance company:		Balance due: \$	Is there any other insurance applicable to this loss? Yes <input type="checkbox"/> No <input type="checkbox"/>

I HAVE NO KNOWLEDGE OF THE IDENTITY OF THE THIEF OR THE WHEREABOUTS OF MY VEHICLE (IF STILL UNRECOVERED). I HAVE READ AND ANSWERED THIS TWO SIDED AFFIDAVIT AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I have read the preceding declaration and do solemnly declare that it is true and correct in every particular to the best of my knowledge. I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.

POLICYHOLDER → _____

(Full Signature)

ON THIS _____ DAY OF _____ YEAR _____

Warning: Any Person who knowingly, with the intent to defraud an insurer, files a claim containing any deceitful representation may be committing an offence.

Please use reverse side, if necessary, then sign and date at the end of narrative.

DESCRIPTION OF VEHICLE:

Type:

- Automobile
- Van
- Truck
- Jeep type
- Other: _____

Transmission:

- Automatic
- Manual

Speeds: ____

Truck or Van:

Capacity:

- 2 x 4
- 4 x 4
- Regular
- Extended
- King Cab
- Fiberglass box
- Cargo
- Bed liner
- Auxiliary foot-step
- Sliding Rear Window
- Push Bar
- Wheel-Lock
- Short Bed
- Long Bed
- Running Boards
- Tubular Side Steps

Roof Options:

- Power Convertible top
- Soft top
- Hard top
- Luggage Rack
- Sunroof
- 4 wheel drive
- Anti skating
- Anti rolling
- Rear Spoiler windows
- Tinted sunroof
- Roof deflector
- Hood deflector
- Wood appliqué
- Luxury console
- Headlight wipers
- Grill Guard
- Adjust. steering wheel
- Traction Control
- Skirt kit
- Fog lights
- Tow package
- Trailer Hitch
- Winch
- HD Suspension
- Stability Control

Utility Group

Other:

- Air Conditioning
- Dual Air Conditioning
- Cruise Control
- Rear Window Defrost
- Rear Window wiper
- Driver Air bag
- Passenger Air bag
- Side Air bags
- Rear Air bag
- Side Air bag
- Driver Side Air bag
- Am/FM Stereo
- CD Player
- CD Changer
- MP3
- Satellite Radio
- Navigation System (GPS)
- Remote Starter
- Entertainment System (DVD)

Electronic:

Power:

- Power Brakes
- ABS Brakes
- Power Steering
- Power Locks
- Power Mirrors
- Heater Power Mirrors

Protection group (make):

- Rust Protection
- Antitheft
- Alarm
- Engraving
- Carpet protector
- On Star/SOS

Wheels (make and dimension):

- 4 seasons
- Summer
- Winter

Deterioration in km

- Front
- Date purchased
- Rear
- Date purchased

AFTERMARKET ACCESSORIES IN THE VEHICLE:

Specify any aftermarket automobile accessories and accessories carried in the vehicle:

MAJOR REPAIRS AND/OR MODIFICATIONS:

<i>Detailed Description</i>	<i>Bill No.</i>	<i>Date (y-m-d)</i>	<i>Amount</i>

Regular maintenance:

Done by: Dealer Gas station Individual Insured

Date of last oil _____ Kilometers: _____