

# Statement of Loss Theft/Fire Affidavit

Name: \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Last 6 of VIN # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ Cell \_\_\_\_\_

Date of birth: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_, Spouse Date of Birth: \_\_\_\_\_

Other persons with whom you reside:

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Registered/Titled owner/s of the vehicle: \_\_\_\_\_

Date of Last Payment: \_\_\_\_\_. Is the account Past due?  Yes,  No. How Long? \_\_\_\_\_

Is there a possibility vehicle is reposed?  Yes,  No. Explain: \_\_\_\_\_

How many Keys did you receive at time of Purchase? \_\_\_\_\_. How many keys do you have now? \_\_\_\_\_

Are these keys transponder equipped keys?  Yes,  NO (car wont start with out key)

Who has possession of keys? \_\_\_\_\_

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

Who performs routine maintenance? \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last service? \_\_\_\_\_ Reason for service: \_\_\_\_\_

Has vehicle been damaged or stolen in last three years?  NO.  Yes, if yes when? \_\_\_\_\_

If yes were repairs made?  Yes,  NO,  N/A

If yes, by who? \_\_\_\_\_. What repairs were made? \_\_\_\_\_

Insurance company who paid damage Claim: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Mileage on the vehicle at the time of theft: \_\_\_\_\_. How verified? \_\_\_\_\_

Time and place of Theft/Fire: Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Is there a police report?  Yes  No. Case No. \_\_\_\_\_ Date reported: \_\_\_\_\_

Name of Agency that responded: \_\_\_\_\_ Police Dept Phone Number: \_\_\_\_\_

Who reported Loss to the Police: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a copy of the Police report?  Yes  No. (If yes, please attach copy.)

Who was the last person to drive vehicle: \_\_\_\_\_ Driver Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_, Zip: \_\_\_\_\_

If you are not the driver what is their relationship to you? \_\_\_\_\_

Where did you/driver come from just prior to the loss? \_\_\_\_\_

Specific Location of Loss: \_\_\_\_\_ City: \_\_\_\_\_, State \_\_\_\_\_

Reason vehicle left at this location: \_\_\_\_\_

When was vehicle last observed? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who observed it last? Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

When was loss discovered? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who discovered loss? \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

If vehicle Stolen from other than home (restaurant, theatre, mall, etc) names of other people present?

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If vehicle stolen away from home, how did user and the passengers get home? \_\_\_\_\_

Who provided transportation? Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where the vehicle doors locked?  Yes,  No. Where the keys left in the vehicle  Yes,  No.

Was the vehicle equipped with an alarm?  Yes  No. If yes, Make/ Model: \_\_\_\_\_

Was alarm activated at time of loss?  Yes,  No,  N/A

Car equipped with Lo Jack/On Star.  Yes,  No.

Was lo jack/ On star notified of loss?  Yes,  No. When? \_\_\_\_\_

Describe how the loss occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous theft losses: Date: \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Claim # \_\_\_\_\_

Police department reported to: \_\_\_\_\_ Case # \_\_\_\_\_

Has any vehicle you previously owned been reposed?  Yes,  NO. If yes when? \_\_\_\_\_

Is this vehicle ever used in the scope of your business or occupation?  Yes.  No.

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

\_\_\_\_\_

How often? \_\_\_\_\_

Do you claim vehicle as a deduction on your personal or business income tax return?  Yes.  No.

**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 Completed: \_\_\_\_\_

Time Completed: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

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

The foregoing instrument was acknowledged before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_, who is personally known to me or ( ) produced a

\_\_\_\_\_ as identification and who states he/she is duly authorized to execute

said instrument.

Notary public, state of \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Printed name of notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_