

All questions must be answered. Please print.

Claim Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**INFORMATION ABOUT THEFT**

Date of theft \_\_\_\_\_ Time \_\_\_\_\_ am | pm

List all operators of vehicle \_\_\_\_\_

\_\_\_\_\_

Was the vehicle locked? Yes No Were the keys left in vehicle? Yes No

If yes, where were they? \_\_\_\_\_

Monetary estimate of vehicle damage \_\_\_\_\_

Specific location from which vehicle was taken \_\_\_\_\_

Reason and length of time vehicle was left at this location \_\_\_\_\_

\_\_\_\_\_

Name, address, license number, and telephone number of the person who left vehicle at this location \_\_\_\_\_

\_\_\_\_\_

Name and address of others who were present \_\_\_\_\_

\_\_\_\_\_

Where is vehicle kept when not in use? \_\_\_\_\_

Date and time theft was discovered: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am | pm

Name of person who discovered the vehicle was stolen \_\_\_\_\_

When was the theft reported to the police department? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am | pm

Who reported the theft to the police department? \_\_\_\_\_

Location of police station where the theft was reported \_\_\_\_\_

Name and Badge Number of the police officer who took the report \_\_\_\_\_

Police Docket (Report) Number \_\_\_\_\_

Has vehicle been recovered? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date and time vehicle was recovered: \_\_\_\_\_ am | pm

Where was the vehicle recovered? \_\_\_\_\_

Who recovered the vehicle? \_\_\_\_\_

Condition of vehicle at time of recovery \_\_\_\_\_

What were your activities between leaving vehicle and discovering theft? \_\_\_\_\_

\_\_\_\_\_

**VEHICLE INFORMATION**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_

Color \_\_\_\_\_ Vehicle Identification No. \_\_\_\_\_

License Plate No. \_\_\_\_\_ Certificate of Title No. \_\_\_\_\_

If none, why? \_\_\_\_\_

Odometer Reading \_\_\_\_\_ Was odometer functioning Yes \_\_\_\_\_ No \_\_\_\_\_

Has vehicle been damaged since you have owned it? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list date, location, type, dollar amount: \_\_\_\_\_

\_\_\_\_\_

Were repairs completed? Yes \_\_\_\_\_ No \_\_\_\_\_ Partially \_\_\_\_\_

Who completed the repairs? \_\_\_\_\_

Name and address of insurance company that paid damage claim, if any: \_\_\_\_\_

\_\_\_\_\_

Any other claims in last three years on this or any other auto? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other vehicles in your household? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of insurance co. and agent on other vehicles: \_\_\_\_\_

\_\_\_\_\_

Your prior insurance co. and agent: \_\_\_\_\_

**EQUIPMENT ON VEHICLE BEFORE THEFT** (Check all items applicable)

- |                                    |  |                                       |                                    |
|------------------------------------|--|---------------------------------------|------------------------------------|
| <b>RADIO</b>                       | <b>POWER</b>                           | <b>TRANSMISSION</b>                   | <b>ROOF</b>                        |
| <input type="checkbox"/> AM        | <input type="checkbox"/> Steering      | <input type="checkbox"/> Automatic    | <input type="checkbox"/> Sun Roof  |
| <input type="checkbox"/> FM        | <input type="checkbox"/> Brakes        | <input type="checkbox"/> Manual       | <input type="checkbox"/> Manual    |
| <input type="checkbox"/> Stereo    | <input type="checkbox"/> Windows       | <input type="checkbox"/> Column Shift | <input type="checkbox"/> Electric  |
| <input type="checkbox"/> Cassette  | <input type="checkbox"/> Seats         | <input type="checkbox"/> Floor Shift  | <input type="checkbox"/> Glass     |
| <input type="checkbox"/> CD Player | <input type="checkbox"/> Door Locks    | <input type="checkbox"/> 3 Speed      | <input type="checkbox"/> Steel     |
| <input type="checkbox"/> Amplifier | <input type="checkbox"/> Antenna       | <input type="checkbox"/> 4 Speed      | <input type="checkbox"/> T-Top     |
|                                    | <input type="checkbox"/> Trunk Release | <input type="checkbox"/> 5 Speed      | <input type="checkbox"/> Moon Roof |

**MISCELLANEOUS** (Check all items applicable)

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Tinted Glass | <input type="checkbox"/> Factory AC     | <input type="checkbox"/> Custom Wheels       | <input type="checkbox"/> Tilt Steering Wheel   |
| <input type="checkbox"/> WW Tires     | <input type="checkbox"/> Add-on AC      | <input type="checkbox"/> Magnesium wheels    | <input type="checkbox"/> Leather Upholstery    |
| <input type="checkbox"/> Radial Tires | <input type="checkbox"/> Cruise Control | <input type="checkbox"/> 2 Wheel Disc Brakes | <input type="checkbox"/> Burglar Alarm         |
| <input type="checkbox"/> Vinyl Roof   | <input type="checkbox"/> Roof Rack      | <input type="checkbox"/> 4 Wheel Disc Brakes | <input type="checkbox"/> Rear Window Defroster |

All other, specify:

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**VEHICLE CONDITION** (Before theft)

- |               |                               |                               |                                    |
|---------------|-------------------------------|-------------------------------|------------------------------------|
| Paint:        | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Transmission: | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Engine:       | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Body:         | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Interior:     | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

**Please forward any receipts for improvement(s) made to the vehicle for consideration as part of this claim.**

**IF VEHICLE IS A TOTAL LOSS, SUBMIT BILL OF SALE WITH THIS AFFIDAVIT**

**VEHICLE SERVICE INFORMATION**

Name and address of service station/garage that last serviced your vehicle: \_\_\_\_\_

\_\_\_\_\_  
Date of last service \_\_\_\_\_

Who normally performs the routine maintenance service? \_\_\_\_\_

Who performs state MV inspection? \_\_\_\_\_

Current sticker on vehicle?      Yes              No \_\_\_\_\_

Any mechanical problems? \_\_\_\_\_

**VEHICLE PURCHASE INFORMATION**

Date purchased                              New/Used                              Purchase Price \$ \_\_\_\_\_

Trade In                              Yes              No                              Allowance \_\_\_\_\_

Vehicle Traded (Year, Make, Model) \_\_\_\_\_

Name and address of Seller-Dealer/Individual \_\_\_\_\_

\_\_\_\_\_

How did you learn this car was for sale? \_\_\_\_\_

Was car paid for?                      Yes              No                      Dollar Amount \_\_\_\_\_

How was it paid for?                      Cash                      Check                      Dealer/Bank Financing \_\_\_\_\_

If financed, Name of Financer \_\_\_\_\_

Financer Address \_\_\_\_\_

Phone                              Account No.                              Balance Due \_\_\_\_\_

Loan Terms:                              Number of Months                              at \$                              per month \_\_\_\_\_

Date of last loan payment made                              Is account past due?                      Yes              No \_\_\_\_\_

How long since last payment?                      Has the lien holder notified you of any repossession in progress?                      Yes              No \_\_\_\_\_

Are keys in your possession?              Yes              No              Have you ever lost keys?              Yes              No \_\_\_\_\_

Are there any keys in anyone else's possession?              Yes              No \_\_\_\_\_

If yes, whom? (Name, Address, and Phone #) \_\_\_\_\_

\_\_\_\_\_

Are there any hidden keys in your vehicle?              Yes              No              If yes, where? \_\_\_\_\_

How many keys are there? \_\_\_\_\_

**CERTIFICATION OF AFFIDAVIT**

I, \_\_\_\_\_, solemnly swear that the answers given on this affidavit are true to the best of my knowledge and belief.

**Applicable in New York: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Primary Insured Signature \_\_\_\_\_

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**NOTARY SECTION**

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

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

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (Name of Document Signer) proved to me through satisfactory evidence of identification, (which was \_\_\_\_\_) to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

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

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

*Place notary seal above*