

AFFIDAVIT OF VEHICLE THEFT

(All Questions Must Be Answered)

Claim Number: _____

I. INSURED

Insured's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Marital Status: _____

Driver's Lic #: _____ Occupation: _____

Employer: _____

Employer Addr: _____

II. VEHICLE OWNERSHIP

Date Purchased: _____ New _____ Used _____ Price \$ _____

Seller Dealer/Individual: _____

How did you learn car was for sale? _____

Trade In Allowance: _____ Balance Due: _____

How was car paid for? Cash _____ Check _____ Finance Co: _____

Account #: _____ Loan Payments: \$ _____ per Month

Date of Last Loan Payment: _____ Is account past due? Yes _____ No _____

Are keys in your possession? _____ Ignition Key # _____ Trunk Key # _____

III. VEHICLE DESCRIPTION

VEHICLE INFORMATION

Vehicle Year: _____ Make: _____ Model: _____

Vehicle Color: _____ Body Type: _____

Vehicle ID #: _____

License Plate#: _____ State: _____

of Cylinders: _____ Odometer Reading: _____

VEHICLE EQUIPMENT (Circle All That Apply)

Radio: AM ---- AM/FM ---- Tape Deck ---- CD ---- Other: _____

Transmission: Automatic ---- Manual

Power: Windows ---- Steering ---- Seats ---- Brakes

Tires: Radial ---- Mag Wheels ---- Other: _____

Other: Air Conditioning ---- Vinyl Roof ---- Tinted Glass

IV. VEHICLE CONDITION / DAMAGE

CONDITION

Paint: Fair _____ Good _____ Excellent _____

Transmission: Fair _____ Good _____ Excellent _____

Engine: Fair _____ Good _____ Excellent _____

Body: Fair _____ Good _____ Excellent _____

Name/address of service station/garage who performs routine maintenance service:

Date last serviced: _____

PREVIOUS DAMAGE

Has vehicle been damaged during past three years? Yes _____ No _____

Describe Previous Damage (location, type, amount, date): _____

Were repairs completed? Yes _____ No _____ Partial _____ When? _____

Who completed repairs? _____

Name and address of insurance company who paid for damages: _____

Any other claims made in last 3 years on this or any other auto? Yes _____ No _____

OTHER VEHICLES / INSURANCE

Any other vehicles in your household? Yes _____ No _____

Name of insurance company & agent: _____

Your prior insurance company and agent: _____

V. THEFT DETAILS

Date of Theft: _____ Time: _____ AM ___ PM ___ Was vehicle locked? _____

Vehicle Value: _____ Were keys left in car? _____

Theft Location: _____

Reason vehicle was left at this location: _____

PERSON WHO LEFT VEHICLE AT THIS LOCATION:

Name: _____

Address: _____

Telephone: _____

Driver Lic#: _____ State: _____

PERSONS WHO WERE PRESENT:

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

THEFT DISCOVERY

Date of Theft Discovery: _____ Time: _____ AM ___ PM ___

Person Who Discovered Theft: _____

Date Reported To Police: _____ Time: _____ AM ___ PM ___

Person Who Reported Theft: _____

Location of Police Station: _____

Police Station Phone Nbr: _____

Investigating Officer: _____

THEFT RECOVERY

When was vehicle recovered? _____

Where was vehicle recovered? _____

Who recovered the vehicle? _____

Condition of vehicle: _____

Arrests or Suspects? _____

VI. CERTIFICATION

Are the answers you have given true to the best of your knowledge and belief? Yes _____ No _____

WITNESS(ES):

SIGNATURE(S):

Witness

Signature

Witness

Signature

Claim Number

Date

NOTARY:

State of _____ ; County of _____ ; SS

On this _____ day of _____, 20____, before me appeared _____

who is known to be the person(s) named herein and who voluntarily executed this release.

Notary Signature

Date Commission Expires