

THEFT REPORT FORM

(All questions must be answered)

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

INSURED/POLICY HOLDER NAME LAST: _____ FIRST: _____ MI: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
BUSINESS NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
AGE (DOB) _____ MARITAL STATUS: _____ NO. OF DEPENDENTS: _____

LOSS REPORT: IN YOUR OWN WORDS, BRIEFLY DESCRIBE YOUR MOVEMENTS AND LOCATION OF YOUR VEHICLE 12 HOURS PRIOR TO LAST OBSERVING YOUR VEHICLE, AND WHAT YOU DID WHEN YOU DISCOVERED IT MISSING: _____

DETAILS OF THEFT- DATE STOLEN: ____/____/____ TIME: _____ AM/PM VEHICLE LOCKED: YES ___ NO ___
BY WHOM? _____ AMOUNT OF CLAIM: \$ _____
WERE KEYS LEFT IN THE CAR? YES ___ NO ___ IN YOUR POSSESSION? YES ___ NO ___
SPECIFIC LOCATION FROM WHICH VEHICLE WAS TAKEN: _____

REASON VEHICLE WAS LEFT AT THIS LOCATION: _____

PERSON LEAVING VEHICLE AT THIS LOCATION: DRIVER'S LICENSE #: _____ STATE: _____
LAST NAME: _____ FIRST NAME: _____ MI: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
NAMES AND ADDRESSES OF OTHERS WHO WERE PRESENT: _____

HOW DID YOU GET HOME AFTER THE THEFT? _____
LOCATION OF POLICE STATION: _____
REPORTING OFFICER: _____ BADGE #: _____ DOCKET #: _____
HAS VEHICLE BEEN RECOVERED: YES ___ NO ___ WHERE: _____
WHEN: _____ BY WHOM: _____
DID POLICE MAKE ANY ARRESTS OR HAVE ANY SUSPECTS? YES ___ NO ___

VEHICLE INFORMATION: YEAR: _____ MAKE: _____ MODEL: _____
BODY TYPE: _____ COLOR: _____ VIN #: _____
LICENSE PLATE #: _____ STATE: _____ PLATE YEAR: _____
NO. OF CYLINDERS: _____ HP OR CUBIC INCHES: _____ ODOMETER READING: _____
CERTIFICATE OF TITLE #: _____ NAME OF TITLE HOLDER: _____
WAS VEHICLE DAMAGED IN THE PAST 3 YEARS? YES ___ NO ___ WAS VEHICLE REPAIRED? YES ___ NO ___
DESCRIBE DAMAGES _____

DO YOU HAVE PICTURES OF THE VEHICLE? YES ___ NO ___ WAS VEHICLE FOR SALE? YES ___ NO ___
WAS VEHICLE REBUILT? YES ___ NO ___ WAS VEHICLE DAMAGED DURING THE PAST 3 YRS? YES ___ NO ___
DESCRIBE DAMAGES: _____

WERE REPAIRS: COMPLETED ___ or PARTIAL ___ BY WHOM: _____
INSURANCE COMPANY THAT PAID DAMAGE CLAIM: _____
ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
AGENT'S NAME: _____ PHONE NUMBER: _____
POLICY #: _____ CANCELLATION DATE: _____

VEHICLE EQUIPMENT - (CHECK IF VEHICLE HAD ANY OF THE FOLLOWING) RADIO: AM: ___ AM/FM: ___
STEREO: ___ TAPE DECK: ___ CD PLAYER: ___ AIR CONDITIONING: ___ POWER WINDOWS: ___
POWER STEERING: ___ POWER BRAKES: ___ TINTED GLASS: ___ VINYL ROOF: ___ AUTOMATIC SHIFT: ___
STANDARD SHIFT: ___ CONSOLE: ___ TIRES: W/W: ___ RADIAL: ___ CB RADIO: ___ TYPE: _____
COST: \$ _____ DATE CB INSTALLED: _____ PURCHASED FROM: _____
OTHER: _____

VEHICLE CONDITION: PAINT WORK- FAIR: ___ GOOD: ___ EXCELLENT: ___
TRANSMISSION- FAIR: ___ GOOD: ___ EXCELLENT: ___ ENGINE- FAIR: ___ GOOD: ___ EXCELLENT: ___
BODY- FAIR: ___ GOOD: ___ EXCELLENT: ___ INTERIOR- FAIR: ___ GOOD: ___ EXCELLENT: ___
DISTINGUISHING FEATURES (DENTS, DECALS, TRAILER HITCH, INTERIOR WORK, ETC.): _____

SERVICE INFORMATION: ROUTINE SERVICE IS PERFORMED AT: _____
ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
PHONE NUMBER: _____ DATE LAST SERVICED: _____
WHO PERFORMS STATE MV INSPECTION: _____ DATE LAST INSPECTED: _____

VEHICLE PURCHASE DATE: _____ NEW: ___ USED: ___ PURCHASE PRICE: \$ _____
TRADE-IN VALUE: \$ _____ ALLOWANCE: \$ _____ HOW WAS VEHICLE FOR SALE: _____
SELLERS NAME: _____ DEALER / INDIVIDUAL
ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
PHONE NUMBER: _____ VEHICLE PAYMENT BY- CASH: ___ CHECK: ___ FINANCED: ___
FINANCE COMPANY: _____ IS ACCOUNT CURRENT? YES ___ NO ___
ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
PHONE NUMBER: _____ ACCOUNT #: _____ BALANCE DUE: \$ _____

PRIOR INSURANCE: DID YOU HAVE PRIOR PHYSICAL DAMAGE INSURANCE? YES ___ NO ___
COMPANY ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
POLICY #: _____ PHONE NUMBER: _____

I HAVE ANSWERED THE ABOVE QUESTIONS AND THEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:
WITNESS: _____ POLICYHOLDER: _____
ADDRESS: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ IN THE YEAR _____
NOTARY PUBLIC (INCLUDE SEAL) _____