



THEFT REPORTING FORM

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: _____
AGE (DOB) _____ MARITAL STATUS: _____ # 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 ___
 WERE REPAIRS: COMPLETED ___ or PARTIAL ___ BY WHOM: _____
 INSURANCE COMPANY THAT PAID DAMAGE: _____
 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: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER: _____ ACCOUNT #: _____
 BALANCE DUE: \$ _____ IS ACCOUNT CURRENT? YES ___ NO ___

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) _____