

Statement of Loss

Name: _____ Date of Loss: _____ **GAP Claim #** _____

Phone Number: (H) _____ Cell _____

Date of birth: _____ SS# _____

Drivers License # _____ State: _____

Occupation: _____ Employer: _____

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.

Registered/Titled owner/s of the vehicle: _____

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

Was there a police report taken? Yes No Was the vehicle towed from the scene? Yes No

Accident Theft Fire Other. _____

Describe how the loss occurred: _____

*******If loss is due to theft or fire please complete the section below*******

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? _____

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: _____

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: _____

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

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: _____

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 won't start without key)

Who has possession of keys? _____

Were the vehicle doors locked? Yes, No. Were 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. If Yes, When? _____

Was vehicle recovered? Yes No.

If Yes, What was the condition of the vehicle when recovered? _____

(If recovered, please provide copy of recovery report)

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.

***Notary only needed if loss was due to theft or fire (otherwise, only date and sign)**

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 _____