Comprehensive Claim Questionnaire

(Fire, Vandalism, Storm and Theft other than Total Theft)

This form must be completed, signed and returned to us before your claim can be processed

Insure	d's Name		Telephone No. ()							
City/St	tate									
	's License No									
Date of LossTime of Loss				AM PM						
		Vehicle	e Inform	nation						
Year_	Make/Model	Color		License Plate						
Serial	No.: () () () () ()()()()()()()()()()()()	
01. Re	gistered Owner									
	en Holder									
Ad	dress do you have the fi	tle in your no	accaccion?							
03.	Was car locked?	Where are keys?			How many sets?					
05.	Who else has keys?				11	OW IIIaii	ly sets.	·		
04.	Have you reported vandalism to the				What city	·?				
· · ·	Date reported									
05.	Do you have any idea who could have vandalized your car?									
06.	Any luggage or valuables in car? Describe?									
07.	Where were valuables located?									
08.	Any special equipment? Stereo Make/Value Serial No									
09.		purchased?Where purchased?								
10.	Wheels									
11.	When purchased?	Where purchased?								
12.	Tire/MakeS	ize	V	alue		When	Purcha	ased		
13.	Any photographs of vehicle?	Any	y prior dama	ge?	? Describe					
14.					ects? Describe					
15.	How did this loss occur?									
– 16. D	escribe damages									
_										
The ab	pove statements are true to the best of n	ny knowledge	e and belief.							
Date	Signature									