

American Heartland Insurance Company

PHONE: 800-831-8330 CLAIMS

FACSIMILE: 847-583-9011 CLAIMS

AFFIDAVIT OF VEHICLE THEFT

NOTE: All thefts must be reported to the police. If there is no report on file, we will not honor your claim. Return this affidavit by mail, as soon as possible, filled out **COMPLETELY** and **NOTARIZED**.

*****PLEASE INCLUDE A CLEAR PHOTO COPY OF YOUR DRIVERS LICENSE*****

Insured Name: _____ Date: _____
Claim Number: _____ Date of Loss: _____
Broker/Agent: _____

POLICYHOLDER/OWNER INFORMATION

Name of Owner: _____ Date of Birth: _____
Address: _____
Telephone Number: Home: () _____ Business: () _____
Email Address: _____
How long have you been living at present residence? _____ From: _____ To: _____
Previous Address: _____ From: _____ To: _____
Employer Name: _____
Address: _____
Occupation/Position: _____ Length of Service: _____
Driver's License Number: _____ Marital Status: _____
Social Security Number: _____ Date of Birth: _____

Spouse's Name: _____ Does your spouse live with you? _____
Employer: _____ Occupation: _____
Driver's License Number: _____ State: _____

| <u>List All Other Members of your household</u> | <u>Driver's License Number</u> | <u>Age</u> | <u>How long have they lived there?</u> |
|---|--------------------------------|------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SALES DATA

Purchase Date: _____ New _____ Used _____ Purchase Price: \$ _____
Paid by: _____ Cash _____ Check _____ Financed _____ Lienholder Paid in Full _____
Seller's Name: _____
Address: _____
Lienholder's Name: _____
Address: _____
Telephone Number: () _____
Account Number: _____ Down Payment: \$ _____
Last Payment: \$ _____ Month & Year: _____
Has vehicle been repossessed? _____ Are payments up to date? _____
Lienholder notified of THEFT? _____
Other outstanding loans? _____

Do you have the original Bill of Sale? _____ Ownership documents? _____
If yes, please send a copy. **If yes please send a copy.**

Prior Insurance Company: _____ Policy Number: _____

THEFT INFORMATION

Who had custody of vehicle at time of theft? _____
Exact location of theft: _____
Date and time vehicle last seen before theft: _____
Date and time vehicle discovered missing: _____

How many sets of keys? _____ Who has extra keys? _____
Do you hide a key in or on the vehicle? _____ Where? _____
What was the exact location of the keys at the time of the theft? _____
Was the vehicle locked? _____ Were the keys or fobs left in the vehicle? _____
Why were the keys in the vehicle? _____
Alarm in use? _____ If YES, what kind? _____
Do you know who took your vehicle? _____ If YES, please explain: _____

In your own words briefly describe your movements and location of your vehicle 24 hours prior to last observing your vehicle, how you discovered the vehicle was missing and what you did when you discovered it missing (please use the back of the page or separate page if needed):

How did you get home after the vehicle was stolen? _____

Have you or any member of your family ever had a vehicle stolen? _____
If Yes, Date: _____ Location: _____ Insurance Company: _____
Was the vehicle recovered? _____ What was the condition of that vehicle? _____

Do you have any other Theft Insurance on the stolen vehicle? _____
Do you have a Homeowners or Tenants Policy? _____
Is the vehicle that is reported stolen legally registered? _____ Titled? _____ State: _____
If the identify of the person or persons responsible for the theft of this vehicle is established, are you willing to prosecute? _____ YES _____ NO
Explain if NO: _____

Have you ever had the vehicle listed for sale? _____
If YES please explain when: _____ Why was the vehicle listed for sale? _____

POLICE INFORMATION

Who notified police? _____
Precinct/City: _____ Address: _____
Case/Alarm Number: _____ Officer: _____ Badge Number: _____
Date and time theft reported: _____
Were there any personal or business items in vehicle? _____
Where were these items located in the vehicle, and describe them: _____

Were police advised of personal or business items? _____

RECOVERY

If you vehicle has been found, please provide the following information

Date: _____ Time: _____ Is Vehicle Drivable? _____

Place: _____

Arrests made? _____ Name: _____

Address: _____

Charges: _____

Please describe any damage due to theft: _____

Estimated Amount: \$ _____ Did you personally inspect vehicle after notification
of recovery? _____ YES _____ NO

Where is vehicle located at the present time: _____

Address: _____

Telephone Number: () _____

SERVICE

Please provide the following information about the last service on your vehicle

Name of service station: _____ Telephone Number: () _____

Address: _____

Date of last service: _____ Inspection Date: _____

List any major work performed since purchase other than tune-up. _____

****Please send copies of all service receipts and records. Including, but not limited to, Oil
Changes, Tune Ups, Tires, Brakes, Muffler, etc., etc...****

**PRIOR DAMAGE
FOR IDENTIFICATION**

Has vehicle been involved in any accidents or theft since purchase? _____

Date of Loss: _____ Location: _____

Type of Loss: _____

Damages/Area: _____

Amount: \$ _____

Insurance Company: _____

Repair Shop Name: _____

Address: _____

Phone Number: () _____

SUBSTITUTE TRANSPORTATION

Name: _____ Telephone Number: () _____

Address: _____

Account Number: _____ Vehicle Year: _____ Make: _____

License Plate Number: _____

OTHER transportation: _____

Date/Time Rented: _____

| | | | |
|---------------------------|--------------|------------------------------|---------------|
| Year: | Make: | Model: | Color: |
| Vehicle ID Number: | | License Plate Number: | |

Does this vehicle have its original engine? _____ Transmission? _____

Please circle options pertaining to your vehicle.

BODY STYLE: 2Dr 4Dr Lift/Hatchback Convertible Wagon Pickup Van Utility Motorcycle Sp
 ½ Ton ¾ Ton 1 Ton Shortbed Longbed Cab & Chassis Fleetside Fenderside
Engine Detail: Size: _____ Cylinders: 3 4 5 6 8 12 Turbo Diesel
Mileage: _____ **Transmission:** AT S6 S5 S4 S3 **Optional: OD 4W**

- | | | | |
|----------------------------------|-----------------|----------------------|------------------------|
| PS Pwr Steering | AM | AW Aluminum Wheels | VR Vinyl Roof |
| PB Pwr Brakes | FM | AY Alloy Wheels | RF Cabriolet Roof |
| PW Pwr Windows | ST Stereo | LC Locking Wire Whls | ES Electric Steel |
| PL Pwr Locks | CA Cassette | SA Spoked Alum. Whls | EG Electric Glass |
| SP Pwr Drive Seat | SE Seek/Scan | SY Styled Steel Whls | MS Manual Steel |
| PC Pwr Pass Seat | EQ Equalizaer | WW Wire Whls | MG Manual Glass |
| AC Air Conditioner | CD Compact Disc | WC Wire Wheel Covers | FR Flip Roof |
| RD Rear Defogger | | | TT T-Tops |
| TW Tilt Wheel | | | GT Glass T-Tops |
| CC Cruise Control | | | RR Roof Rack |
| CS Cloth Seats | | | CT Soft Top (UTV only) |
| LS Leather Seats | | | HT Hard Top (UTV only) |
| DB 4 Whl Disc Brakes | | | |
| TL Telescopic Wheel | | | |
| AL Auto Load Level | | | |
| 3S 3 rd Seat (wagons) | | | |
| 8P 8 Passenger | | | |
| DA Dual Air Condition | | | |
- TRUCKS/VANS/UTV's/OTHER**
- | | | |
|------------------------|-------------------------|--|
| SB Step Bumper | FL Fog Lights | |
| SW Sliding Rr. Window | BL Bed Liners | |
| XT Auxiliary Fuel Tank | AR Chrome Bed Rails | |
| 2T Two Tone Paint | TP Trailer Package | |
| D2 Deluxe 2-Tone Paint | RB Roll Bar | |
| MP Metallic Paint | TB Tool Box (Permanent) | |
| TG Tinted Glass | GG Grill Guards | |
| DT Deep Tinted Glass | PO Positraction | |
| BD Running Boards | WD Dual Rear Whls | |

Fraud Notice

- (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
- (2) Knowingly file multiple claims for the same loss or injury with more than one insurer with an intent to defraud the insurer.
- (3) Knowingly prepare,, make or subscribe any writing with intent to present or use the same or to allow it to be presented or used in support of any such claim.

I have read and completed this affidavit of theft which was made for the purpose of filing a claim for the theft of
 My _____ Vehicle Serial Number: _____
 (Describe Vehicle)

I acknowledge the attached four (4) pages are true and correct to the best of my knowledge.

SUBSCRIBED AND SWORN BERFORE ME
 THIS DAY OF _____

Signature: _____
 Address: _____
 DATE: _____

 Notary Public (Seal)