

United Equitable Insurance Company

PHONE: 800-831-8330 CLAIMS

FACSIMILE: 847-583-9011 CLAIMS

AFFIDAVIT OF VEHICLE FIRE

NOTE: 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: _____
Lien holder Name: _____
Address: _____
Telephone Number: () _____
Account Number: _____ Down Payment: \$ _____
Last Payment: \$ _____ Month & Year: _____
Has vehicle been repossessed? _____ Are payments up to date? _____
Has the lien holder notified of FIRE? _____
Are there any 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: _____

FIRE INFORMATION

Who had custody of vehicle at time of fire? _____

Exact location of fire: _____

How often is the vehicle parked in this location? _____

Date and time vehicle last seen before fire: _____

Date and time vehicle discovered the fire: _____

Who discovered the fire? _____

Do they try to extinguish the fire? How? _____

Was any accelerant such as gasoline or lighter fluid used to start the fire? _____

Do you know how the fire started? _____

Do you know who started the fire? _____

Did you ever have the vehicle listed for sale? _____

If yes, please list when and why: _____

If the identity of the person or persons responsible for the FIRE of this vehicle is established, are you willing to prosecute? _____ YES _____ NO

Explain if NO: _____

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 fire and what happened when the fire was discovered (use the back of this page or separate page if needed):

How did you get home after the fire occurred? _____

Please describe all damage that was caused by the fire?(use back or separate page if needed) _____

Have you or any member of your family ever had a vehicle damaged by fire or vandalism? _____

If Yes, Date: _____ Location: _____ Insurance Company: _____

Was the vehicle repaired? _____ What was the condition of that vehicle? _____

Do you have any other insurance on the vehicle involved in the fire? _____

Do you have a Homeowners or Tenants Policy? _____

Is the vehicle that was involved in the fire legally registered? _____ Titled? _____ State: _____

POLICE INFORMATION

Who notified police/fire department? _____

Precinct/City: _____ Address: _____

Case/Alarm Number: _____ Officer: _____ Badge Number: _____

Date and time the fire was 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? _____

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 Equalizer | 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)