

# United Equitable 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: \_\_\_\_\_

List All Other Members of your household	Driver's License Number	Age	How long have they lived there?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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: \_\_\_\_\_



<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Color:</b>
<b>Vehicle ID Number:</b>		<b>License Plate Number:</b>	

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 <sup>rd</sup> 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)