

THEFT REPORTING FORM



ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

INSURED/POLICY HOLDER NAME LAST: FIRST: MI: HOME ADDRESS: CITY: STATE: ZIP: AGE (DOB) MARITAL STATUS: # OF DEPENDENTS:

LOSS REPORT: IN YOUR OWN WORDS, BRIEFLY DESCRIBE YOUR MOVEMENTS AND LOCATION OF YOUR VEHICLE 12 HOURS PRIOR TO LAST OBSERVING YOUR VEHICLE, AND WHAT YOU DID WHEN YOU DISCOVERED IT MISSING:

DETAILS OF THEFT- DATE STOLEN: TIME: AM/PM: VEHICLE LOCKED: YES NO BY WHOM? AMOUNT OF CLAIM: \$ WERE KEYS LEFT IN THE CAR? YES NO IN YOUR POSSESSION? YES NO SPECIFIC LOCATION FROM WHICH VEHICLE WAS TAKEN:

REASON VEHICLE WAS LEFT AT THIS LOCATION:

PERSON LEAVING VEHICLE AT THIS LOCATION: DRIVER'S LICENSE #: STATE: LAST NAME: FIRST NAME: MI: ADDRESS: PHONE: CITY: STATE: ZIP:

NAMES AND ADDRESSES OF OTHERS WHO WERE PRESENT:

HOW DID YOU GET HOME AFTER THE THEFT? LOCATION OF POLICE STATION: REPORTING OFFICER: BADGE #: DOCKET #:

HAS VEHICLE BEEN RECOVERED: YES NO WHERE: WHEN: BY WHOM:

DID POLICE MAKE ANY ARRESTS OR HAVE ANY SUSPECTS? YES NO

VEHICLE INFORMATION: YEAR: MAKE: MODEL: BODY TYPE: COLOR: VIN #: LICENSE PLATE #: STATE: PLATE YEAR: NO. OF CYLINDERS: HP OR CUBIC INCHES: ODOMETER READING: CERTIFICATE OF TITLE #: NAME OF TITLE HOLDER: WAS VEHICLE DAMAGED IN THE PAST 3 YEARS? YES NO WAS VEHICLE REPAIRED? YES NO DESCRIBE DAMAGES:

PO BOX 5700, KNOXVILLE, TENNESSEE 37928 800-749-5440 EXT. 125

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DO YOU HAVE PICTURES OF THE VEHICLE? YES ___ NO ___ WAS VEHICLE FOR SALE? YES ___ NO ___

WAS VEHICLE REBUILT? YES ___ NO ___

WERE REPAIRS: COMPLETED ___ or PARTIAL ___ BY WHOM: _____

INSURANCE COMPANY THAT PAID DAMAGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGENT'S NAME: _____ PHONE NUMBER: _____

POLICY #: _____ CANCELLATION DATE: _____

VEHICLE EQUIPMENT - (CHECK IF VEHICLE HAD ANY OF THE FOLLOWING) RADIO: AM: ___ AM/FM: ___

STEREO: ___ TAPE DECK: ___ CD PLAYER: ___ AIR CONDITIONING: ___ POWER WINDOWS: ___

POWER STEERING: ___ POWER BRAKES: ___ TINTED GLASS: ___ VINYL ROOF: ___

AUTOMATIC SHIFT: ___ STANDARD SHIFT: ___ CONSOLE: ___ TIRES: W/W: ___ RADIAL: ___

CB RADIO: ___ TYPE: _____ COST: \$ _____ DATE CB INSTALLED: _____ PURCHASED FROM: _____

OTHER: _____

VEHICLE CONDITION: PAINT WORK- FAIR: ___ GOOD: ___ EXCELLENT: ___

TRANSMISSION- FAIR: ___ GOOD: ___ EXCELLENT: ___ ENGINE- FAIR: ___ GOOD: ___ EXCELLENT: ___

BODY- FAIR: ___ GOOD: ___ EXCELLENT: ___ INTERIOR- FAIR: ___ GOOD: ___ EXCELLENT: ___

DISTINGUISHING FEATURES (DENTS, DECALS, TRAILER HITCH, INTERIOR WORK, ETC.): _____

SERVICE INFORMATION: ROUTINE SERVICE IS PERFORMED AT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

DATE LAST SERVICED: _____

WHO PERFORMS STATE MV INSPECTION: _____ DATE LAST INSPECTED: _____

VEHICLE PURCHASE DATE: _____ NEW: ___ USED: ___ PURCHASE PRICE: _____

TRADE-IN VALUE: \$ _____ ALLOWANCE: \$ _____ HOW WAS VEHICLE FOR SALE: _____

SELLERS NAME: _____

DEALER / INDIVIDUAL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ VEHICLE PAYMENT BY- CASH: ___ CHECK: ___ FINANCED: ___

FINANCE COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ ACCOUNT #: _____

BALANCE DUE: \$ _____ IS ACCOUNT CURRENT? YES ___ NO ___

PRIOR INSURANCE: DID YOU HAVE PRIOR PHYSICAL DAMAGE INSURANCE? YES ___ NO ___

COMPANY ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

POLICY #: _____ PHONE NUMBER: _____

I HAVE ANSWERED THE ABOVE QUESTIONS AND THEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

WITNESS: _____ POLICYHOLDER: _____

ADDRESS: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ IN THE YEAR _____

NOTARY PUBLIC (INCLUDE SEAL) _____

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