**ALL THEFTS MUST BE REPORTED TO THE POLICE. ALL OF THE QUESTIONS ON THIS FORM MUST BE ANSWERED. RETURN THIS AFFIDAVIT BY MAIL WITHIN THE NEXT 5 DAYS. WE MAY ALSO REQUIRE AN ADDITIONAL STATEMENT CONCERNING THIS LOSS.**

# TOTAL THEFT AFFIDAVIT

## Insured Information

| | | | |
|---|---|---|---|
| Name of Insured: | | | Claim Number: |
| Address: | | Postal: | Home Phone Number: |
| Date of Birth: | Driver's License Number and Province: | | Cell Phone Number : |
| Married ☐ Single ☐ Separated ☐ Divorced ☐ | Children: Yes ☐ No ☐ | | Business Phone Number: |
| Driver's licence suspensions: Yes ☐ No ☐ If yes, Why? _____ | | | |

## Details of Theft

| | | | |
|---|---|---|---|
| Location of Theft: | Date theft discovered: | Time: AM ☐ PM ☐ | Was Vehicle locked? Yes ☐ No ☐ |
| Date and time vehicle parked there: | Who left the vehicle at that location: | | |
| If other than policyholder, Did they have permission to take the vehicle: Yes ☐ No ☐<br>Describe: | | | Who discovered the theft: |
| Name: | Their driver's licence no.: | Where was owner when theft occurred? | |
| Is it possible that someone you know borrowed the vehicle? Yes ☐ No ☐<br>If yes, Who? Name: _____ Phone no. _____<br>Relationship to named insured: _____ | | How many sets of keys:<br>Before theft: _____<br>After theft : _____ | Have you ever lost any sets of keys for the vehicle:<br>Yes ☐ No ☐ |
| Has the vehicle recently been listed for sale: Yes ☐ No ☐<br>If so, where was ad listed: | | | |
| How did you or the driver return home? | Date the theft reported to police: | Who Reported to police: | |
| From where: | Phone number police were called from: | Police Occurrence No.: | |
| Officer Name: | Badge No.: | Suspects/Arrests: | |
| Has the vehicle been recovered?<br>Yes ☐ No ☐ | Where? | Where is the vehicle now: | |
| Condition of vehicle when it was recovered? | | | |

## Insured Vehicle Information

| | | | | |
|---|---|---|---|---|
| Year of Vehicle: | Make: | Model: | Gas : ☐<br>Diesel: ☐ | Licence Plate No.: |
| Colour: | Vin Number: | Odometer Reading: | No. Cylinders: | Transmission<br>Automatic : ☐ Manual : ☐ |
| Speeds forward: | Vehicles usual place of garaging: | | Have you ever had any Previous theft losses:<br>Yes ☐ No ☐ | |

| | |
|---|---|
| | If yes, please provide details, incl. insurer name: |
| | **See Attached Vehicle Equipment Checklist** |

| | | | |
|---|---|---|---|
| **Vehicle Condition** | Who does routine maintenance? | Any mechanical problems? Yes ☐ No ☐<br>If yes, explain: | |
| | Body : Any dents or rust? Yes ☐ No ☐ | Paint : Original ☐ Recently Painted ☐<br>If recently painted, please provide/attach work invoice/receipt | |
| | Date last serviced? | By Whom? | Interior Condition<br>Typical ☐ Good ☐ Excellent ☐ |
| | Has the vehicle been damaged in the last 3yrs: Yes ☐ No ☐ | Was this damage claimed through insurance: Yes ☐ No ☐ | Name of insurance co. who paid damages: |
| | Any other accident/claims in the last 5yrs, please list details: | | |

| | | | | |
|---|---|---|---|---|
| **Vehicle Purchase Information** | Date purchased or leased: | New ☐ Used ☐<br>Demo ☐ | Purchase price:<br>$ | Sellers name, address and phone number: |
| | If leased vehicle, from whom? | | | |
| | Do you have the Bill of Sale?<br>Yes ☐ No ☐ | Do you have Ownership?<br>Yes ☐ No ☐ | Payment: Cash ☐ Cheque ☐<br>Finance ☐ | Is vehicle financed?<br>Yes ☐ No ☐ |
| | If Yes, name, address and account number of finance company: | | Balance due:<br>$ | Is there any other insurance applicable to this loss?<br>Yes ☐ No ☐ |

I HAVE NO KNOWLEDGE OF THE IDENTITY OF THE THIEF OR THE WHEREABOUTS OF MY VEHICLE (IF STILL UNRECOVERED). I HAVE READ AND ANSWERED THIS TWO SIDED AFFIDAVIT AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

***I have read the preceding declaration and do solemnly declare that it is true and correct in every particular to the best of my knowledge. I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.***

**POLICYHOLDER** → _____
(Full Signature)

ON THIS _____ DAY OF _____ YEAR _____

**THIS FORM SHOULD BE COMPLETED BY THE INDIVIDUAL IN POSSESSION OF THE VEHICLE IMMEDIATELY PRIOR TO THE TI ME OF THE THEFT**

Please write down in your own words, exactly what transpired on the day of this incident. Please include *details of your* ***entire day, leading up to the time of the discovery of the theft of the vehicle and subsequent actions***.

**Signed** **Date**

**Warning: Any Person who knowingly, with the intent to defraud an insurer, files a claim containing any deceitful representation may be committing an offence.**

Please use reverse side, if necessary, then sign and date at the end of narrative.

**DESCRIPTION OF VEHICLE:**

**Type:**
- ☐ Automobile
- ☐ Van
- ☐ Truck
- ☐ Jeep type
- ☐ Other: _____

**Transmission:**
- ☐ Automatic
- ☐ Manual

Speeds: ____

**Truck or Van:**

Capacity:
- ☐ 2 x 4
- ☐ 4 x 4
- ☐ Regular
- ☐ Extended
- ☐ King Cab
- ☐ Fiberglass box
- ☐ Cargo
- ☐ Bed liner
- ☐ Auxiliary foot-step
- ☐ Sliding Rear Window
- ☐ Push Bar
- ☐ Wheel-Lock
- ☐ Short Bed
- ☐ Long Bed
- ☐ Running Boards
- ☐ Tubular Side Steps

**Roof Options:**
- ☐ Power Convertible top
- ☐ Soft top
- ☐ Hard top
- ☐ Luggage Rack
- ☐ Sunroof

**Utility Group**
- ☐ 4 wheel drive
- ☐ Anti skating
- ☐ Anti rolling
- ☐ Rear Spoiler windows
- ☐ Tinted sunroof
- ☐ Roof deflector
- ☐ Hood deflector
- ☐ Wood appliqué
- ☐ Luxury console
- ☐ Headlight wipers
- ☐ Grill Guard
- ☐ Adjust. steering wheel
- ☐ Traction Control
- ☐ Skirt kit
- ☐ Fog lights
- ☐ Tow package
- ☐ Trailer Hitch
- ☐ Winch
- ☐ HD Suspension
- ☐ Stability Control

**Other:**
- ☐ Air Conditioning
- ☐ Dual Air Conditioning
- ☐ Cruise Control
- ☐ Rear Window Defrost
- ☐ Rear Window wiper
- ☐ Driver Air bag
- ☐ Passenger Air bag
- ☐ Side Air bags
- ☐ Rear Air bag
- ☐ Side Air bag
- ☐ Driver Side Air bag

**Electronic:**
- ☐ Am/FM Stereo
- ☐ CD Player
- ☐ CD Changer
- ☐ MP3
- ☐ Satellite Radio
- ☐ Navigation System (GPS)
- ☐ Remote Starter
- ☐ Entertainment System (DVD)

**Power:**
- ☐ Power Brakes
- ☐ ABS Brakes
- ☐ Power Steering
- ☐ Power Locks
- ☐ Power Mirrors
- ☐ Heater Power Mirrors

**Protection group (make):**
- ☐ Rust Protection
- ☐ Antitheft
- ☐ Alarm
- ☐ Engraving
- ☐ Carpet protector
- ☐ On Star/SOS

**Wheels (make and dimension):**
- ☐ 4 seasons
- ☐ Summer
- ☐ Winter

**Deterioration in km**

Front

Date purchased

Rear

Date purchased

**AFTERMARKET ACCESSORIES IN THE VEHICLE:**

Specify any aftermarket automobile accessories and accessories carried in the vehicle:

| MAJOR REPAIRS AND/OR MODIFICATIONS: | | | |
|---|---|---|---|
| ***Detailed Description*** | ***Bill No.*** | ***Date (y-m-d)*** | ***Amount*** |
| | | | |
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| | | | |

*Regular maintenance:*

Done by: Dealer ☐ Gas station ☐ Individual ☐ Insured ☐

Date of last oil _____ Kilometers: _____