

Adriatic Insurance Company

3501 N. CAUSEWAY BLVD., SUITE 1000
METAIRIE, LOUISIANA 70002

PHONE
(504) 838-8100
FAX
(504) 832-0605

Claim Number _____

AFFIDAVIT OF THEFT

**IMPORTANT: This Form Must Be Completed In Detail Before Your Claim Can Be Honored.
PLEASE ANSWER ALL QUESTIONS.**

Policy # _____ Named insured _____ Phone # _____

Address _____ State _____ Zip _____ Yrs. at address _____

Employer _____ Address _____

Occupation _____ Phone # _____

Make of vehicle _____ Year _____ Model _____

Vin # _____ Type of engine _____ H.P. _____

Transmission _____ Tag # _____ List all extra equipment _____

Is vehicle used for business? Yes _____ No _____

If vehicle is a *limousine* list vendor who did customizing _____

Address _____ Phone # _____

Is vehicle a taxi? Yes _____ No _____ color of vehicle _____ Mileage _____

Name of facility who does regular maintenance _____

Address _____

Date of Theft _____ Time _____ Location _____

Name of person who last drove vehicle? _____ Address _____

License # _____ State _____ D.O.B. _____

Phone # _____ Who else drives? _____ Address _____

Lic. # _____ State _____ D.O.B. _____

List all identifying damages, bumper stickers or broken glass for our investigator _____

Name of Police Dept. who took report _____ Address _____

Ph. # _____ Officer's name _____

Furnish Report or Item # _____ Date Report made _____

Has vehicle been found? _____ If yes, give us its current location _____

Flip Over

NOTE: Please read your Policy Provisions — they are important. If you don't have a copy call us and we will mail a copy to you.

Since owning vehicle did you have repairs made to motor or transmission Yes/No _____ If yes, give us name of company

_____ Address _____

State _____ Phone _____ do you owe these people money? _____ If yes, how much? _____

Who else has keys to vehicle? _____ Address _____

_____ Phone # _____ If vehicle is leased or financed, give

Name of Co. _____ Address _____

_____ Phone # _____ Account # _____

Was vehicle ever repossessed? Yes/No _____ Was any veh. you ever owned, repossessed? _____ if answer to either question is yes, name of Co. _____ Address _____

_____ State _____ Was veh. sold at auction _____ Deficiency balance \$ _____

Has this veh. been involved in any accidents? Yes/No _____ If yes, give date _____ Amt. of damage \$ _____

If you collected damages, give name _____ Address _____

_____ Phone # _____ Do you carry other insurance _____

If yes, name of co. or agent _____ Address _____

_____ Ph. # _____ Coverages _____

Name and address of persons who were last in vehicle prior to the theft _____

In confidence, do you know of anyone who may have stolen the vehicle? If yes, name and address _____

_____ For what reason? _____

When we pay, you must give us the keys, how many sets are there? _____ Where veh. purchased? _____

_____ Cost \$ _____ New/Used _____ Date _____

Give us in detail your whereabouts 12 hours prior to and after the theft _____

_____ Now give us the events that occurred

after you discovered vehicle stolen up to when the police left _____

Comments _____

I, the undersigned, hereby state that the information contained in this Affidavit of Theft is true, correct and complete to the best of my knowledge. I further understand that the withholding of information or the furnishing of incorrect or incomplete statements herein may be construed as an attempt to defraud the Company and that said Company has the right to disclaim liability.

Insureds signature _____ Drivers License # _____

State _____ D.O.B. _____ Date signed _____

Have you answered ALL questions?