

THE PREMIER INSURANCE COMPANY OF MASSACHUSETTS  
**AFFIDAVIT OF VEHICLE THEFT**

**CLAIM #** \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED**

**INSURED/POLICYHOLDER INFORMATION**

NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE NO. & STATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ # OF DEPENDANTS \_\_\_\_\_ # OF DEPENDANTS OF DRIVING AGE \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

**VEHICLE INFORMATION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ BODY TYPE \_\_\_\_\_ COLOR \_\_\_\_\_  
LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TITLE # \_\_\_\_\_  
VEHICLE IDENTIFICATION # \_\_\_\_\_ CYLINDERS \_\_\_\_\_  
TYPE OF ENGINE: GAS \_\_\_\_\_ DIESEL \_\_\_\_\_ FOUR WHEEL DRIVE: YES \_\_\_\_\_ NO \_\_\_\_\_  
TYPE OF TITLE: CLEAR \_\_\_\_\_ DUPLICATE \_\_\_\_\_ SALVAGE \_\_\_\_\_ OTHER \_\_\_\_\_  
PURCHASE DATE \_\_\_\_\_ PURCHASED: NEW \_\_\_\_\_ USED \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_  
PAYMENT METHOD: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ ARE KEYS IN YOUR POSSESSION \_\_\_\_\_  
IS VEHICLE FINANCED \_\_\_\_\_ IF YES, NAME & ADDRESS OF LIEN HOLDER \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ BALANCE DUE \_\_\_\_\_ IS ACCT. PAST DUE \_\_\_\_\_  
HOW LONG PAST DUE \_\_\_\_\_ DATE OF LAST PAYMENT \_\_\_\_\_  
NAME AND ADDRESS OF WHOM VEHICLE WAS PURCHASED \_\_\_\_\_  
IS VEHICLE LEASED \_\_\_\_\_ IF YES, NAME & ADDRESS OF LEASING CO. \_\_\_\_\_  
NAME & ADDRESS OF REGISTERED OWNER, AS PRINTED ON YOUR REGISTRATION \_\_\_\_\_

IS THE NAME ON YOUR TITLE THE SAME AS ON YOUR REGISTRATION \_\_\_\_\_ IF NO, LIST THE NAME & ADDRESS \_\_\_\_\_  
WHAT IS YOUR RELATIONSHIP WITH THE REGISTERED OWNER \_\_\_\_\_

HAS THE VEHICLE BEEN DAMAGED W/IN THE PAST 3 YEARS \_\_\_\_\_ IF YES, DESCRIBE THE DAMAGE, TYPE OF LOSS,  
AMOUNT & DATE \_\_\_\_\_

WERE REPAIRS COMPLETED? YES \_\_\_\_\_ NO \_\_\_\_\_ PARTIAL \_\_\_\_\_ BY WHOM, LIST NAME & ADDRESS \_\_\_\_\_

NAME & ADDRESS OF GARAGE THAT PERFORMS ROUTINE MAINTENANCE ON YOUR VEHICLE \_\_\_\_\_

DATE LAST SERVICED \_\_\_\_\_ DATE OF LAST STATE MOTOR VEHICLE INSPECTION \_\_\_\_\_  
BY WHOM \_\_\_\_\_

**VEHICLE EQUIPMENT**

STANDARD EQUIPMENT		OPTIONAL EQUIPMENT	
_____	_____	W/VEHICLE WHEN BOUGHT	ADDED AFTER PURCHASE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS \_\_\_\_\_

**DETAILS OF THEFT**

WHAT DATE WAS YOUR VEHICLE LAST SEEN BY YOU \_\_\_\_\_ TIME \_\_\_\_\_ DATE OF THEFT \_\_\_\_\_

SPECIFIC LOCATION FROM WHICH YOUR VEHICLE WAS TAKEN \_\_\_\_\_

WHEN WAS YOUR VEHICLE LEFT AT THIS LOCATION: DATE \_\_\_\_\_ TIME \_\_\_\_\_

WHEN WAS YOUR VEHICLE DISCOVERED MISSING: DATE \_\_\_\_\_ TIME \_\_\_\_\_

REASON VEHICLE WAS LEFT AT THIS LOCATION \_\_\_\_\_

HOW DID USER GET HOME AFTER THE THEFT \_\_\_\_\_

WAS VEHICLE LOCKED \_\_\_\_\_ WERE KEYS WITH CAR \_\_\_\_\_ ARE THERE ADDITIONAL KEYS \_\_\_\_\_

IF YES, HOW MANY \_\_\_\_\_ ANY KEYS MISSING \_\_\_\_\_ NAME AND ADDRESS OF PERSON WHO REPORTED THEFT TO POLICE \_\_\_\_\_

WHAT POLICE DEPARTMENT WAS NOTIFIED \_\_\_\_\_

WHEN WAS THE POLICE REPORT MADE: DATE \_\_\_\_\_ TIME \_\_\_\_\_

POLICE OFFICER: NAME \_\_\_\_\_ BADGE # \_\_\_\_\_ CASE COMPLAINT # \_\_\_\_\_

DID POLICE MAKE ANY ARRESTS \_\_\_\_\_ DO THEY HAVE ANY SUSPECTS \_\_\_\_\_

WHERE WAS THE OWNER OF THE VEHICLE WHEN THE THEFT OCCURRED \_\_\_\_\_

IN YOUR OWN WORDS BRIEFLY DESCRIBE YOUR ACTIVITIES AND THE LOCATION OF YOU AND YOUR VEHICLE 12 HOURS PRIOR TO LAST OBSERVING THE VEHICLE AND UP UNTIL IT WAS DISCOVERED MISSING. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

AMOUNT FOR WHICH YOU ARE MAKING CLAIM \_\_\_\_\_

HOW LONG HAS THIS VEHICLE BEEN INSURED ON THIS POLICY \_\_\_\_\_

WHO WAS YOUR PRIOR INSURANCE CARRIER: (NAME, ADDRESS & POLICY #) \_\_\_\_\_

HAVE YOU EVER FILED ANY CLAIMS WITH THEM ON THIS VEHICLE \_\_\_\_\_ HAS THIS VEHICLE BE RECOVERED YET \_\_\_\_\_

WAS THIS VEHICLE EVER REPOSSESSED \_\_\_\_\_ COULD THIS VEHICLE HAVE BEEN REPOSSESSED \_\_\_\_\_

HAVE YOU EVER HAD ANY THEFT LOSSES ON ANY VEHICLE WITH US OR ANY OTHER INSURANCE COMPANY \_\_\_\_\_

IF YES, PLEASE GIVE DETAILS (INSURANCE COMPANY, CLAIM #, AND DATES) \_\_\_\_\_

ARE YOU PRESENTLY RENTING A VEHICLE \_\_\_\_\_ IF NO, DO YOU PLAN TO RENT \_\_\_\_\_

COULD YOUR VEHICLE HAVE BEEN PICKED UP FOR A PARKING VOIATION BY A CITY/LAW ENFORMCEMENT AGENCY \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

DO YOU HAVE INSURANCE WITH ANY OTHER COMPANY \_\_\_\_\_ TYPE OF INSURANCE \_\_\_\_\_

NAME & ADDRESS OF THIS COMPANY \_\_\_\_\_

(continued on next page)

**NOTE**

Massachusetts General Law Chapter 266, Section 11 provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. The lack of such a statement shall not constitute a defense against prosecution under this section.

I have no knowledge of the identity of the thief or the whereabouts of my vehicle. I have read, answered and understood all the questions on this affidavit and attest that it is true and correct to the best of my knowledge.

POLICY HOLDER/INSURED \_\_\_\_\_ DATE \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally came \_\_\_\_\_ to me, known to be the person who answered and completed this affidavit.

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

**THIS AFFIDAVIT MUST BE NOTARIZED.**