



# AUTO THEFT OR COMPREHENSIVE LOSS NOTICE

LOSS DATE: \_\_\_\_\_ CARRIER: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

**BROKER INFORMATION: Who is REPORTING the claim?**

AGENCY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
WHO REPORTED THE CLAIM TO YOU? NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INSURED INFORMATION: Who is MAKING the claim?**

INSURED NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LOSS INFORMATION: Tell us about the LOSS.**

Location of Loss: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Type of Loss: Theft \_\_\_ Vandalism \_\_\_ Fire \_\_\_ Wind \_\_\_ Water \_\_\_ Other (describe) \_\_\_\_\_  
Police report: YES \_\_\_ NO \_\_\_ Report Number: \_\_\_\_\_ Police Dept.: \_\_\_\_\_

**IDENTIFICATION OF INSURED VEHICLE(S) INVOLVED IN LOSS:**

**VEH 1:** YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
DAMAGED AREA OF VEHICLE: Front \_\_\_ Rear \_\_\_ Left Side: \_\_\_ Right Side: \_\_\_ Top: \_\_\_ Underside: \_\_\_  
ESTIMATE OF DAMAGE: \$ \_\_\_\_\_ CURRENT LOCATION OF VEHICLE: \_\_\_\_\_

**VEH 2:** YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
DAMAGED AREA OF VEHICLE: Front \_\_\_ Rear \_\_\_ Left Side: \_\_\_ Right Side: \_\_\_ Top: \_\_\_ Underside: \_\_\_  
ESTIMATE OF DAMAGE: \$ \_\_\_\_\_ CURRENT LOCATION OF VEHICLE: \_\_\_\_\_

**FOR ADDITIONAL VEHICLES, ATTACH ANOTHER ONE OF THESE FORMS!**

TO PROCESS THIS LOSS; THE ADJUSTER WILL NEED THE FOLLOWING DOCUMENTS:

1. PROOF OF OWNERSHIP OF THE VEHICLE;
2. PROOF OF WHAT THE INSURED PAID FOR THE VEHICLE;
3. A COPY OF THE POLICE REPORT;
4. A COMPLETED AFFIDAVIT OF THEFT;
5. A LIST OF THE INVENTORY OF VEHICLES AS OF THE DATE OF THE LOSS. THE INVENTORY SHOW THE YEAR, MAKE AND MODEL OF ALL OF THE VEHICLES AND YOUR COST OR ACQUISITION OF EACH VEHICLE INCLUDING THE PURCHASE PRICE AND ANY RECONDITIONING. PLEASE DO NOT INCLUDE CONSIGNMENT VEHICLES.

**PLEASE BEGIN TO GATHER ALL OF THESE DOCUMENTS AND FAX THEM TO THE ADJUSTER AT 760-806-4329.**

**IF YOU HAVE ANY QUESTIONS CONCERNING THESE DOCUMENTS, PLEASE CONTACT VISTA CLAIMS AT 760-806-4319.**

**FOR CALIFORNIA CLAIMS**

***FOR YOUR PROTECTION, CALIFORNIA LAW (INSURANCE CODE SECTION 1871.2) REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. EVERY PERSON WHO VIOLATES ANY PROVISION OF INSURANCE CODE SECTION 1871.4 (a) IS PUNISHABLE UP TO FIVE YEARS IN THE STATE PRISON OR BY A FINE NOT EXCEEDING \$50,000 OR BY BOTH.***

**FOR ARIZONA CLAIMS**

***FOR YOUR PROTECTION, ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.***