

Instructions: The Vehicle Theft Questionnaire is a written statement you provide to document the details of the theft. This information is required even if your vehicle or motorcycle is recovered. To complete this form properly, include your claim number, policy number, date of theft, and fill out all sections.

GOVERNMENT EMPLOYEES INSURANCE COMPANIES

Vehicle Theft Questionnaire
(Please complete even if vehicle is recovered)

Claim Number
Policy Number
Date of Loss

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Name of Insured/Owner: _____ Date of Birth: ____ / ____ / ____

Residence Address: _____
Street City State Zip Code

Telephone Number: *Home*: (____) _____ *Business*: (____) _____

How long have you been living at the above residence? _____ years

Previous Residence Address: _____
Street City State Zip Code

Employer Name: _____
 Address: _____
Street City State Zip Code

Occupation/Position: _____ Length of Service: _____

Social Security #: ____ - ____ - ____ Driver's License #: _____ State: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

Spouse's Name: _____ Date of Birth: ____ / ____ / ____
 Address: *(If different from residence address)* _____
Street City State Zip Code

Telephone Number: *Home*: (____) _____ *Business*: (____) _____

Employer: _____
 Address: _____
Street City State Zip Code

Occupation: _____

Social Security #: ____ - ____ - ____ Driver's License #: _____ State: _____

**Drivers Residing
In Household**

NAME/RELATION	SEX	DATE OF BIRTH	DRIVER'S LICENSE NUMBER

**Other Vehicles Located
At Residence Address**

YEAR	MAKE	MODEL	PLATE NO.	INSURANCE COMPANY

V E H I C L E D E S C R I P T I O N	Vehicle Identification Number (VIN):															
	State: _____					License Plate Number: _____					Mileage _____					
	Year: _____			Make: _____			Model: _____			Color: _____			Special Packages: _____			
	CIRCLE SPECIFICATIONS AND EQUIPMENT THAT APPLY BELOW:															
	Body Style:		2dr	4dr	Lift/Hatchback	Convertible	Wagon	Van	Pickup	Other: _____						
	Engine Detail:		Size: _____	Cylinders:	3	4	5	6	8	12	Turbo	Diesel				
	Transmission:		Automatic	6 Speed	5 Speed	4 Speed	3 Speed	Optional: Override Overdrive 4 Wheel Drive								
	<u>Power Options</u>		Leather Seats	Stereo	Electric Steel	Locking Wheel Covers	Metallic Paint									
	Power Steering		Heated Seats (2)	Cassette	Electric Glass	Spoked Alum. Wheels	2 Tone Paint									
	Power Brakes		Cooled Seats	Seek/Scan	Manual Steel	Styled Steel Wheels	3 Stage Paint									
Power Windows		4 Wheel Disc Brakes	8 Track	Manual Glass	Wire Wheels	Tinted Glass										
Power Locks		Telescopic Wheel	CB Radio	Flip Roof	Wire Wheel Covers	Privacy Glass										
Power Driver Seat		Auto Load Level	Equalizer	Sun Roof	Rally Wheels	Air Bag										
Power Pass. Seat		3rd Seat (Wagons)	Bose Music system	Dual Power Roofs	Deluxe Wheel covers	Passenger Air Bag										
Power Antenna		Dual Motors	Satellite Radio	T-Tops Panel	Front Side Air Bag											
Power Mirrors		Fog Lights	HD Radio	Glass T-Top/Panel	<u>Other Options</u>	Rear Side Air Bag										
Power Trunk/Tailgate		Keyless Entry	Infinity Sound	Soft Top	Wood Grain	Curtain airbags										
		Theft Deterrent	JBL Stereo	Hard Top	Body side molding	Antilock Brakes										
<u>Decor/Convenience</u>		Rear Spoiler	Compact Disc Player	Power Conv. Roof	Bucket seats	Stability										
Air Conditioning		Heads Up Display	CD Changer/Stacker	Roof Rack	Hiback Bucket Seats	Lane/Change (forward										
Dual AC		Rear Control AC	MP3/Aux	Detachable Roof	Reclining Seats	looking /active)										
Rear Defogger			Steering Wheel Touch		Split Bench Seats	Navigation System										
Tilt Wheel		<u>Radio Options</u>		<u>Wheel Options</u>	Intermittent Wipers	Back Up Camera										
Cruise Control		AM	<u>Roof Options</u>	Aluminum	Rear Window Wiper	Back Up Sensors										
Cloth Seats		FM	Vinyl Roof	Wheels/Alloy	Rain Sensing Wipers											

V E H. D E S C.	<u>Other Options Continued</u> Run Flat Tires Night Vision <u>Truck/Van/Utility Vehicle. Options</u> Step Bumper Sliding Rear Window Auxiliary Fuel Tank Deluxe 2-Tone Paint Running Boards Bed Liner Spray-in Bed Liner	Bed Rails Towing package Winch 5 th Wheel Hitch Tonneau Cover Roll Bar Permanent Tool Box Grill Guards Dual Rear Wheels 2 Wheel Antilock Brakes Fiberglass Top 7 Passenger Seating	8 Passenger Seating 12 Passenger Seating 15 Passenger Seating Swivel/Captains Chairs 4 Captains Chairs 6 Captains Chairs 3 rd Truck Door 4 th Door Truck/Van Power Sliding Door Duel Power Sliding Door Power sliding rear Entertainment Center
	Any Additional Options _____		
S A L E S D A T A	Purchase/Lease Date: ____/____/____ NEW <input type="checkbox"/> USED <input type="checkbox"/> Purchase Price: \$ _____ Paid By: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> Financed By: _____ Seller's Name: _____ Telephone Number: (____)____-_____ Address: _____ Tax Paid: \$ _____ Trade In? <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____ Lienholder/Leasing Co. Name: _____ Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip Code </div> Telephone Number: (____)____-_____ Account Number: _____ Down Payment: \$ _____ Last Payment: \$ _____ Date: _____ Has vehicle been repossessed? <input type="checkbox"/> NO <input type="checkbox"/> YES Are payments up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO Lienholder notified of THEFT? <input type="checkbox"/> YES <input type="checkbox"/> NO Other outstanding loans? <input type="checkbox"/> NO <input type="checkbox"/> YES With Whom? _____ Amount? \$ _____ Owner(s) as shown on title: _____		
S E R V I C E	Name of Service Station: _____ Telephone Number: (____)____-_____ Address of Service Station: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip Code </div> Date of Last Service: ____/____/____ Work Performed: _____ List any work performed since purchase other than tune-up, oil, grease: _____ When & Where Repaired: _____		
P R I O R D A M A G E	Has vehicle been involved in any accidents or theft since purchase? <input type="checkbox"/> NO <input type="checkbox"/> YES Date of Loss: ____/____/____ Location: _____ Type of Loss: _____ Damages/Area: _____ Amount: \$ _____ Repairs Completed? <input type="checkbox"/> NO <input type="checkbox"/> YES Insurance Company: _____ Repair Shop Name: _____ Telephone Number: (____)____-_____ Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip Code </div> Was there any unrepaired body or mechanical damage on the vehicle prior to the theft? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES" list damages: _____		
T H E F I N F O.	Who had custody of vehicle at the time of the theft? _____ Exact location of theft: _____ Reason car at location: _____ Date and time vehicle last seen before theft: ____/____/____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Date and time vehicle discovered missing: ____/____/____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> How many set of keys? _____ Who has extra keys? _____ Are there any keys missing? <input type="checkbox"/> NO <input type="checkbox"/> YES Were there any keys in or upon the vehicle? <input type="checkbox"/> NO <input type="checkbox"/> YES Where? _____		
	(Continued)		

G E N E R A L I N F O R M A T I O N	<p>RECOVERY</p> <p>Date: ____/____/____ Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>Place: _____</p> <p>Recovery Reported to GEICO? <input type="checkbox"/> NO <input type="checkbox"/> YES Date: ____/____/____ Time: ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p style="text-align: right;">To Whom: _____</p> <p>Is vehicle drivable? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Who recovered the vehicle? _____</p> <p>Arrests made? <input type="checkbox"/> NO <input type="checkbox"/> YES Name: _____ Address: _____</p> <p style="text-align: right;">Charges: _____</p> <p>Damage due to theft? <input type="checkbox"/> NO <input type="checkbox"/> YES Describe: _____</p> <p>Was vehicle viewed by policyholder? <input type="checkbox"/> NO <input type="checkbox"/> YES Date: ____/____/____ Time: ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>Where: _____</p> <p>Vehicle located at the present time: _____</p> <p style="text-align: right;">Address: _____</p> <p style="text-align: right;">Telephone Number: (____) _____ - _____</p>				
P E R S O N A L E F F E C T S	<p>IF THERE WERE ANY PERSONAL ITEMS IN YOUR VEHICLE THAT REMAIN UNRECOVERED AND YOUR POLICY PROVIDES COVERAGE FOR PERSONAL EFFECTS, PLEASE COMPLETE THIS SECTION: (LIMIT \$200.00)</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; width: 50%;"><u>LIST ITEMS</u></th> <th style="text-align: center; width: 50%;"><u>VALUE OF EACH ITEM</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px; vertical-align: bottom;"> <p>NOTE: LOSS TO ANY TAPE, WIRE, RECORD DISC OR OTHER MEDIUM FOR USE WITH A DEVICE DESIGNED FOR THE RECORDING AND/OR REPRODUCTION OF SOUND IS NOT COVERED. (OTHER EXCLUSIONS MAY APPLY)</p> </td> <td></td> </tr> </tbody> </table>	<u>LIST ITEMS</u>	<u>VALUE OF EACH ITEM</u>	<p>NOTE: LOSS TO ANY TAPE, WIRE, RECORD DISC OR OTHER MEDIUM FOR USE WITH A DEVICE DESIGNED FOR THE RECORDING AND/OR REPRODUCTION OF SOUND IS NOT COVERED. (OTHER EXCLUSIONS MAY APPLY)</p>	
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“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or any insurance company, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state value of the claim for each such violation.”

NOTARY SECTION

I have read the above statement of loss which was made for the purpose of filing a claim with _____
for the theft of my _____ ID Number: _____

I swear that the above four (4) pages are true and correct to the best of my knowledge.

State of _____	Name: _____
County of _____	Address: _____
Subscribed and sworn to before me this _____ day of _____ 20 _____	Signature: _____
	Date: _____

Notary Public

My Commission Expires On