

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: _____

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

Drivers Residing In Household

YEAR	MAKE	MODEL	PLATE NO.	INSURANCE COMPANY

Other Vehicles Located At Residence Address

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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	

(Continued)

V E H I C L E S C A T E R I A L D A T A	<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 T 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	RECOVERY Date: ____/____/____ Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Place: _____ Recovery Reported to GEICO? <input type="checkbox"/> NO <input type="checkbox"/> YES Date: ____/____/____ Time: ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. To Whom: _____ Is vehicle drivable? <input type="checkbox"/> YES <input type="checkbox"/> NO Who recovered the vehicle? _____ Arrests made? <input type="checkbox"/> NO <input type="checkbox"/> YES Name: _____ Address: _____ Charges: _____ Damage due to theft? <input type="checkbox"/> NO <input type="checkbox"/> YES Describe: _____ 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. Where: _____ Vehicle located at the present time: _____ Address: _____ Telephone Number: (____)____-____				
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-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;"><u>LIST ITEMS</u></th> <th style="width: 40%; text-align: center;"><u>VALUE OF EACH ITEM</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px; vertical-align: bottom;"> 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) </td> <td></td> </tr> </tbody> </table>	<u>LIST ITEMS</u>	<u>VALUE OF EACH ITEM</u>	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)	
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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