

# Affidavit of Vehicle Fire



**To complete this form by hand:**

- 1 Print all pages of the form.
- 2 Complete the form by filling in each space with black or blue ink. Do not use pencil.
- 3 When finished, have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.



**To complete this form electronically:**

- 1 Save this writable PDF to your computer, then open it using Adobe's Acrobat Reader.
- 2 Complete the form by typing in each field and/or checking the appropriate buttons. *Tip: you can tab from field to field.*
- 3 When finished, save and print the form and have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.

Or



Complete this form to the best of your knowledge and belief. **DO NOT GUESS at any answers.** If you don't know the answer to a question, leave that field blank. Please call your Claim Representative if you need help.

<b>CLAIM NUMBER</b>	(12-digit number)
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PERSONAL INFORMATION			
First Name of Insured:		Last Name of Insured:	
Date of Birth: / /	Social Security Number: - -	Driver's License Number:	
Street Address:	City:	State:	Zip Code:
Home Phone: ( ) -	Work Phone: ( ) -	Cell Phone: ( ) -	
Employer:		Occupation:	

DETAILS ABOUT THE FIRE			
Date of Fire: / /	Time of Fire: : <input type="radio"/> am <input type="radio"/> pm	Was the vehicle locked? <input type="radio"/> Yes <input type="radio"/> No	
Were keys left in the vehicle? <input type="radio"/> Yes <input type="radio"/> No		Specific Location of Fire:	

Information about the Person Who Left the Vehicle at this Location			
First Name:		Last Name:	
Street Address:		City:	
Home Phone: ( ) -		Cell Phone: ( ) -	
Driver's License Number:		State: Zip Code:	
Work Phone: ( ) -		Cell Phone: ( ) -	

Information about Other People Present at the Fire				
<b>1</b>	First Name:		Last Name:	
	Street Address:		City:	
<b>2</b>	First Name:		Last Name:	
	Street Address:		City:	
State:		Zip Code:		

Information about Discovery of the Fire			
Date of Discovery: / /	Time of Discovery: : <input type="radio"/> am <input type="radio"/> pm		
Discovered by Whom: (First & Last Name)			

Information about Reporting the Fire to the Police and Fire Departments			
Date Report Filed: / /	Time Report Filed: : <input type="radio"/> am <input type="radio"/> pm		

# Affidavit of Vehicle Fire (continued)

Person Who Filed Report: (First & Last Name)		
Officer Who Took Report: (First & Last Name)		
Street Address of Fire Department:	Fire Dept. Case Number:	

## IF STOLEN, Information about Recovery of the Vehicle

Date of Recovery:     /     /	Time of Recovery:     : <input type="radio"/> am <input type="radio"/> pm	
Specific Location of Recovery:		

## VEHICLE INFORMATION

Make:	Model:	Body Type:	Year:
Exterior Color:	Interior Color:	Engine: (e.g., 4-cylinder, V6, V8)	
Vehicle Identification Number:		License Plate Number:	State:
Mileage Reading: (Approximate if unknown)			

## Condition of the Vehicle Before the Fire (Please specify "Good," "Fair," or "Excellent".)

Paint:	Transmission:	Engine:	Body:
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## Vehicle Equipment (Please check if your vehicle had any of the following.)

<input type="radio"/> AM/FM Radio	<input type="radio"/> CD Player	<input type="radio"/> CD Changer	<input type="radio"/> USB Audio Interface
<input type="radio"/> Power Windows	<input type="radio"/> Tinted Glass	<input type="radio"/> Sunroof	<input type="radio"/> Moon Roof
<input type="radio"/> Power Seats	<input type="radio"/> Air Conditioning	<input type="radio"/> Air Bags	<input type="radio"/> Anti-Theft Device
<input type="radio"/> Alloy Wheels	<input type="radio"/> Premium Wheels	<input type="radio"/> Custom Wheels	<input type="radio"/> Vinyl Roof
<input type="radio"/> Automatic Transmission	<input type="radio"/> Manual Transmission	<input type="radio"/> Power Brakes	<input type="radio"/> Anti-Lock Brakes
<input type="radio"/> Power Steering	<input type="radio"/> Tilt Wheel	<input type="radio"/> Cell Phone: (Provide number) (     )     -	
<input type="radio"/> Other: (Please specify)		<input type="radio"/> Other: (Please specify)	

## Other Distinguishing Features (e.g., Dents, Decals, Trailer Hitch, Accessories, etc.)

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## Purchase Information



Date of Purchase:     /     /	<input type="radio"/> New <input type="radio"/> Used	Purchase Price: \$	
Vehicle Purchased from: <input type="radio"/> Dealer <input type="radio"/> Individual	Vehicle Paid for By: <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Financing		
Trade-In Car? <input type="radio"/> Yes <input type="radio"/> No	IF YES, Make:	Allowance for Trade: \$	
Dealer Name <b>OR</b> Individual's First Name:		Individual's Last Name:	
Street Address:	City:	State:	Zip Code:

## Financing Information (Please complete this section if your vehicle was financed.)

Finance Company:		Account Number:	
Street Address:	City:	State:	Zip code:
Balance Due: \$	Monthly Payment: \$	Term of Loan: (Number of Months)	
Date of Your Last Loan Payment:     /     /			
Is your account past due? <input type="radio"/> Yes <input type="radio"/> No		IF YES, how long past due? (Number of Months)	

# Affidavit of Vehicle Fire (continued)

Maintenance Information			
Date of Last Service:     /     /		Name of Repair Shop/Garage:	
Street Address:		City:	State:     Zip Code:
Station/Garage Who Performed the State Safety Inspection			
Date of Last Inspection:     /     /		Name of Station/Garage:	
Street Address:		City:	State:     Zip Code:
Prior Vehicle Damage and Insurance Information			
Was the vehicle damaged during the past 3 years? <input type="radio"/> Yes <input type="radio"/> No		IF YES, describe damage below. (Location, Type, Amount, and Date)	
Location:			
Type:			
Amount:		Date:     /     /	
Were the damages repaired? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial		IF YES, by whom? (Shop Name)	
Street Address:		City:	State:     Zip Code:
IF CLAIM WAS MADE, Insurance Company Who Paid Damage Claim:			
Street Address:		City:	State:     Zip Code:
Have you had any other claims in the past 3 years on this or any other vehicle? <input type="radio"/> Yes <input type="radio"/> No			
Do you have any other vehicles in your household? <input type="radio"/> Yes <input type="radio"/> No			
Insurance Company and Agency on Other Vehicles:			
Prior Insurance Company:		Prior Agent:	
Are the keys in your possession? <input type="radio"/> Yes <input type="radio"/> No			
Is this vehicle also insured under another automobile insurance policy? <input type="radio"/> Yes <input type="radio"/> No			
IF YES, Insurance Company:		Policy Number:	
<b>Are the answers you have given true to the best of your knowledge and belief?</b> <input type="radio"/> Yes <input type="radio"/> No			

		Policyholder Signature <b>(To be signed in the presence of a Notary Public.)</b>		Print Name	
		Witness Signature		Print Name	
Witness Street Address:		City:	State:	Zip Code:	

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

# Affidavit of Vehicle Fire (continued)

**YOUR SIGNATURE MUST BE NOTARIZED.**

Please bring this form to a Notary Public. Sign on the line above in their presence and have your signature notarized.

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identity, being in this instance \_\_\_\_\_, and acknowledged to me that he/she signed the foregoing voluntarily and for its stated purpose.

Notary Public Signature:  \_\_\_\_\_ My Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Return This  
Form To**

**Claims Department**  
Plymouth Rock Assurance Corporation, PO Box 9112, Boston, MA 02112-9112

*Thank you.*