

# Auto Parts Theft Insurance Claim Form

## Policyholder Information

Full Name

Policy Number

Address

Phone Number

Email

## Vehicle Information

Vehicle Make

Vehicle Model

Year

License Plate

VIN

## Incident Details

Date of Theft

Time of Theft

Location of Incident

Description of How Incident Occurred

List of Stolen Parts

Police Report Number

Police Station Notified

### **Additional Information**

Any Other Information