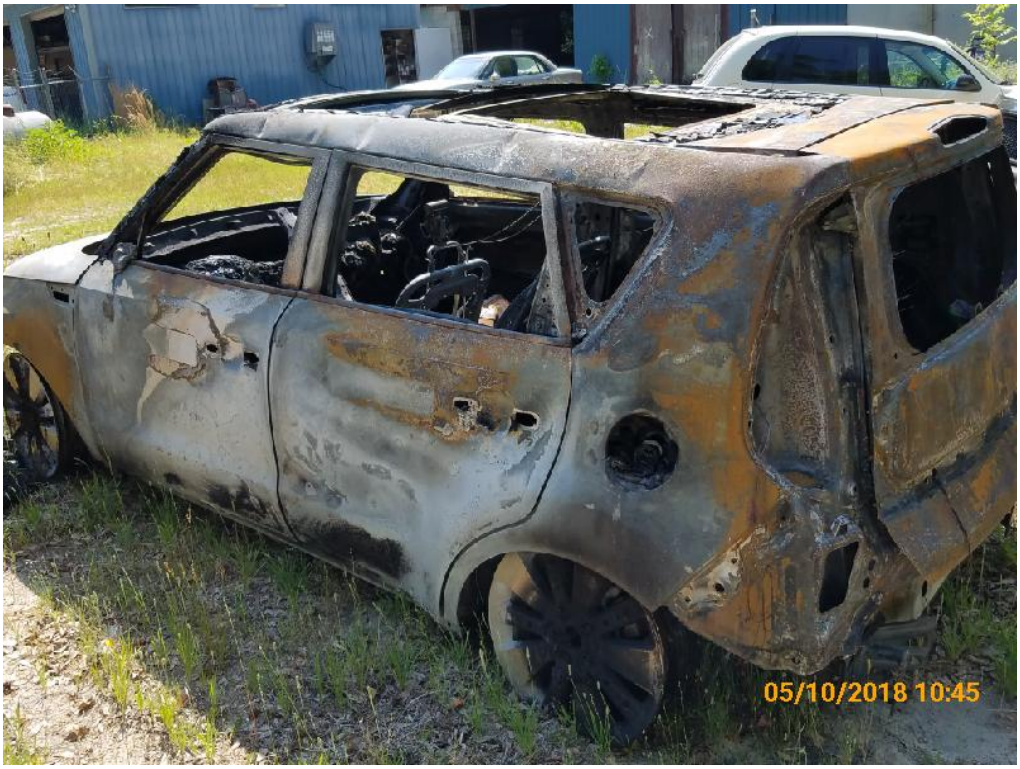
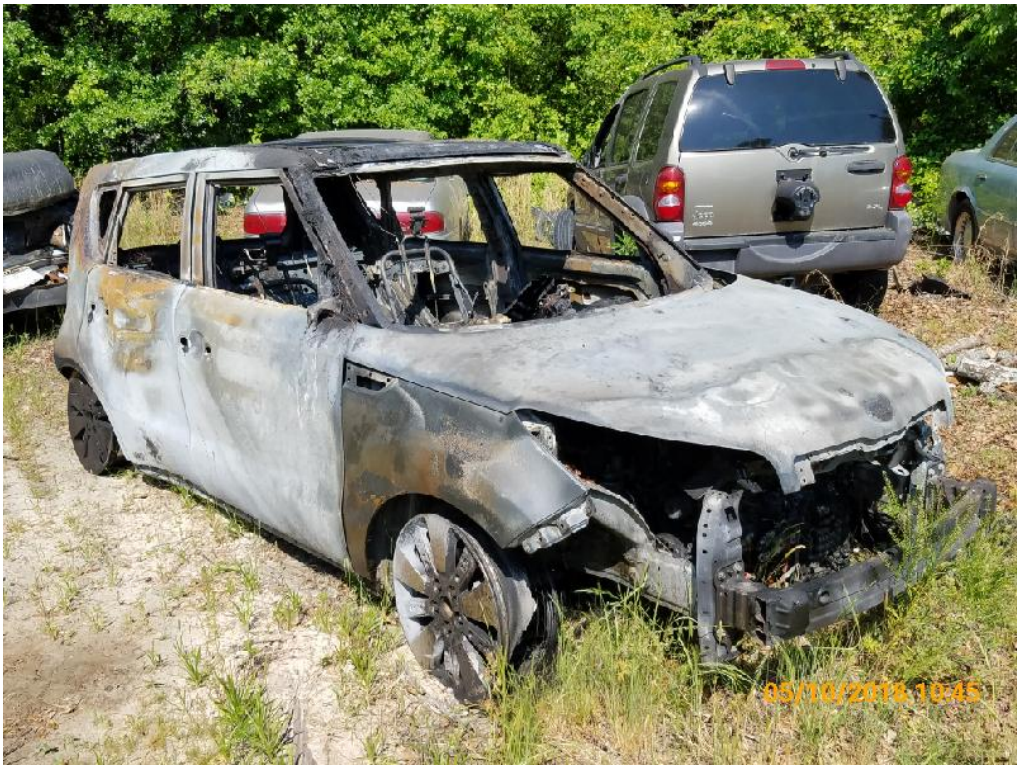


Claim Number :0511628040101057-01 **Year :**2015

[redacted]



Claim Number :0511628040101057-01

Year :2015

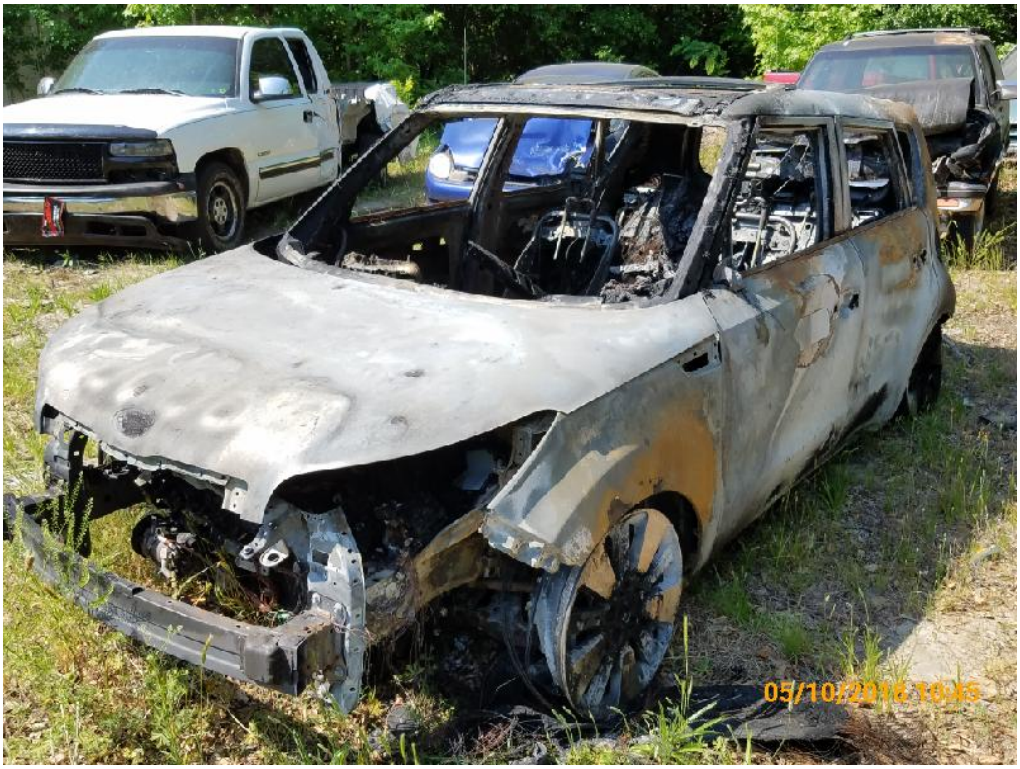
Category : Estimate

Make :KIA

Sub Category : Estimate

Model :SOUL

[redacted]



Claim Number :0511628040101057-01

Category : Estimate

Sub Category : Estimate

Year :2015

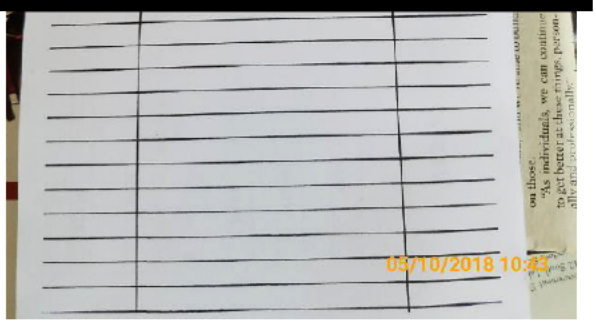
Make :KIA

Model :SOUL

[redacted]

12673866

[redacted]



Claim Number :0511628040101057-01

Year :2015

Category :Estimate

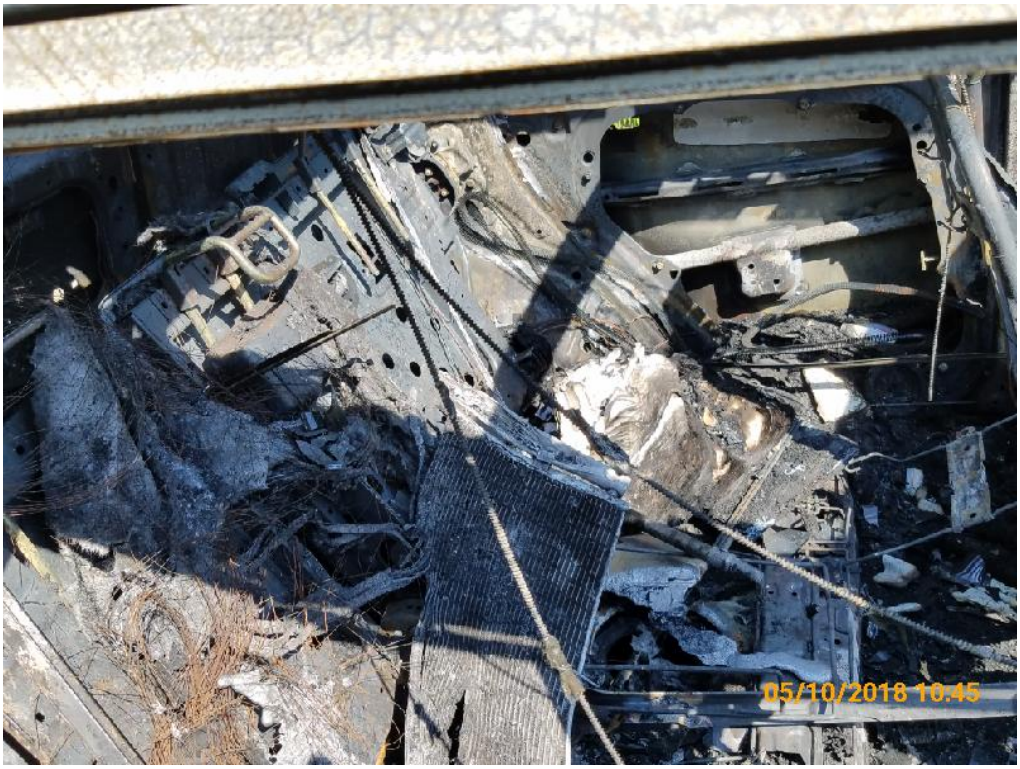
Make :KIA

Sub Category :Estimate

Model :SOUL

[redacted]

12673866



Claim Number :0511628040101057-01

Category : Estimate

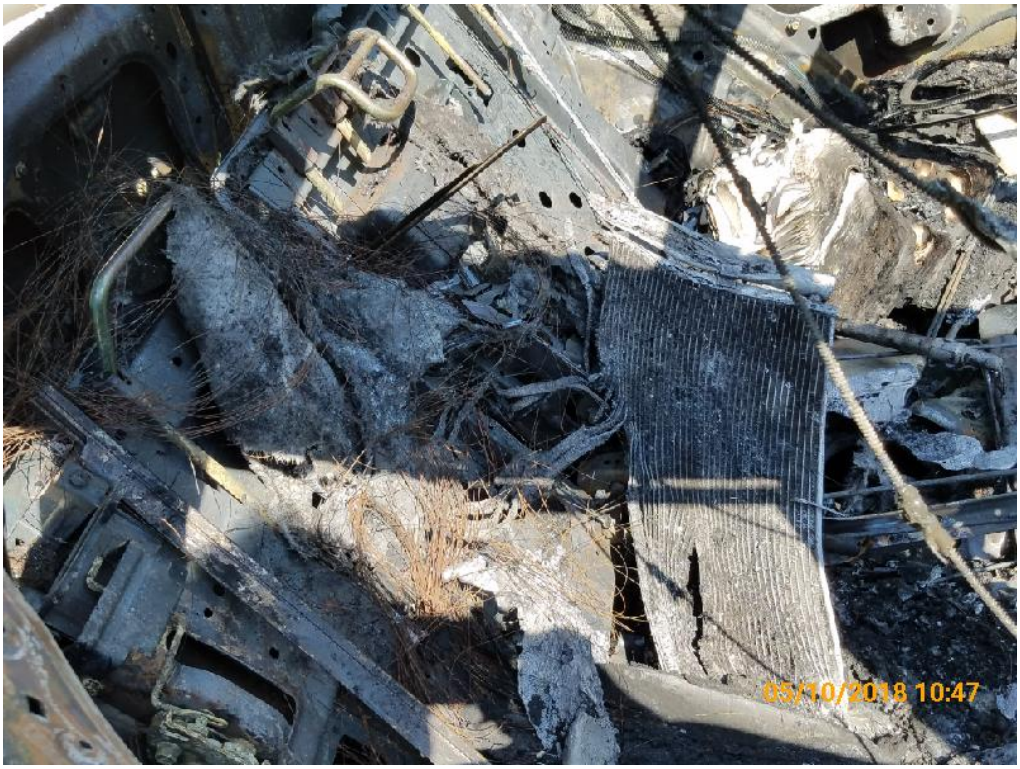
Sub Category : Estimate

Year :2015

Make :KIA

Model :SOUL

[redacted]



Claim Number :0511628040101057-01

Category : Estimate

Sub Category : Estimate

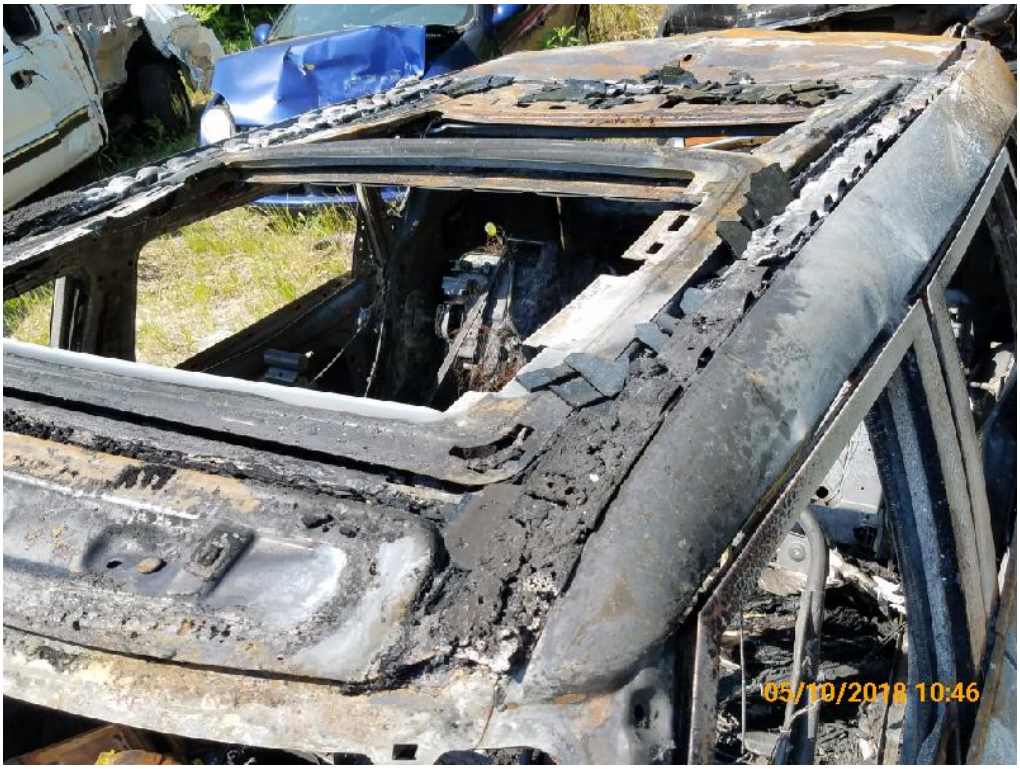
Year :2015

Make :KIA

Model :SOUL

[redacted]

12673866



Claim Number :0511628040101057-01

Category : Estimate

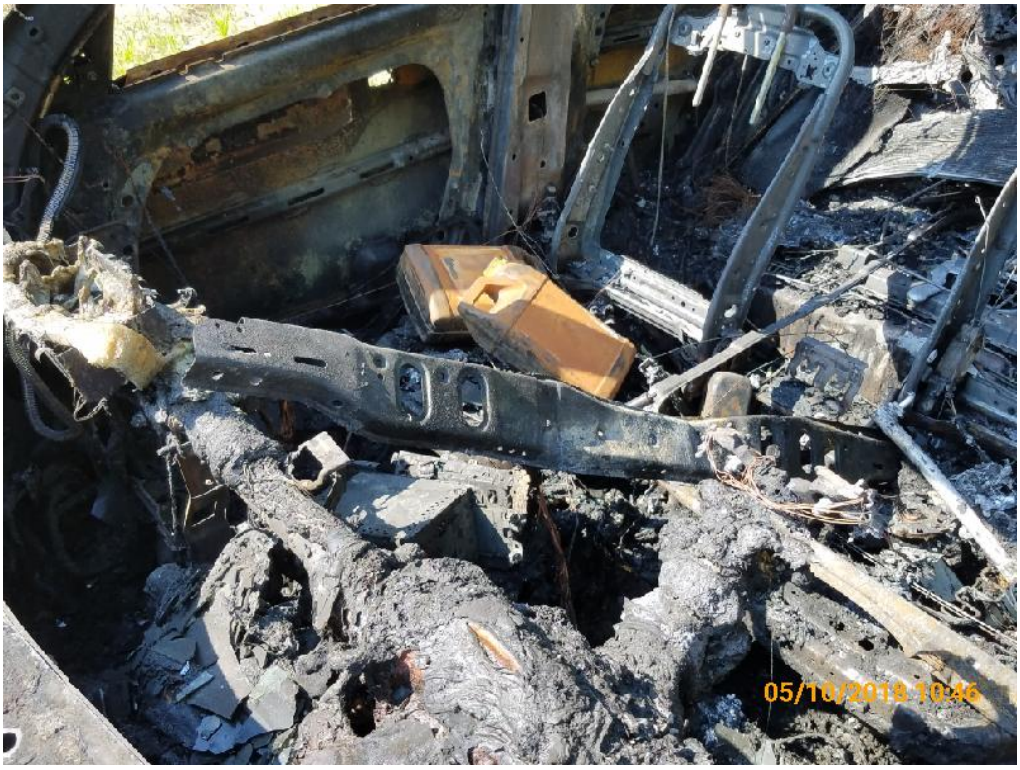
Sub Category : Estimate

Year :2015

Make :KIA

Model :SOUL

[redacted]



Claim Number :0511628040101057-01

Category : Estimate

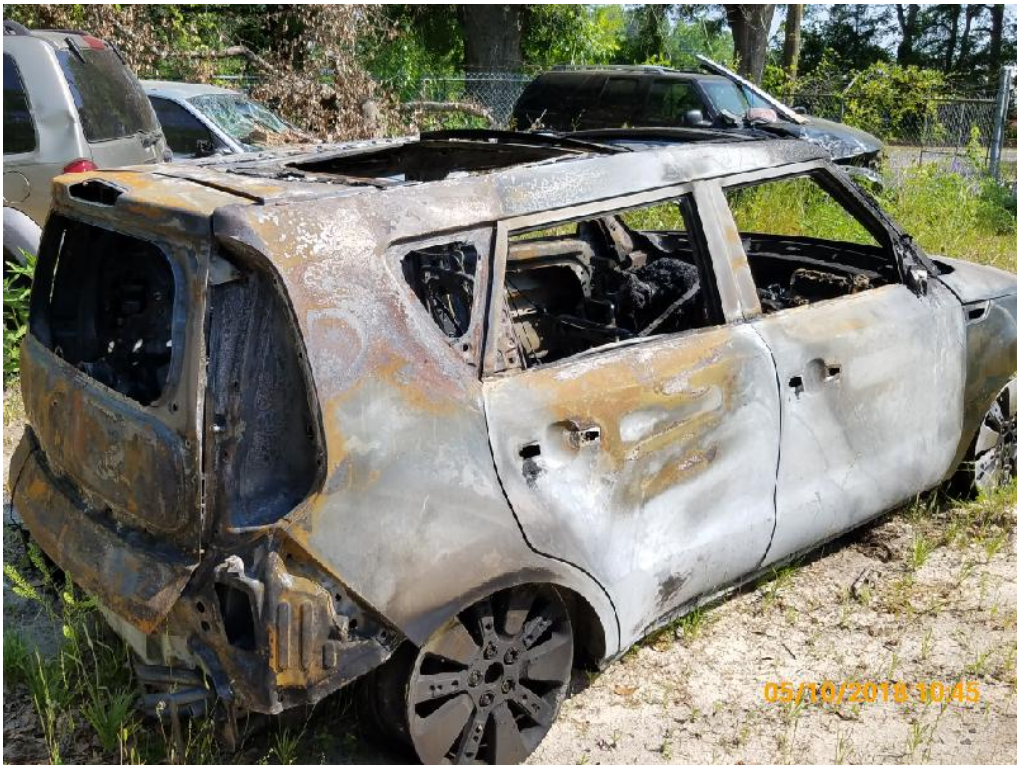
Sub Category : Estimate

Year :2015

Make :KIA

Model :SOUL

[redacted]



Claim Number :0511628040101057-01

Category : Estimate

Sub Category : Estimate

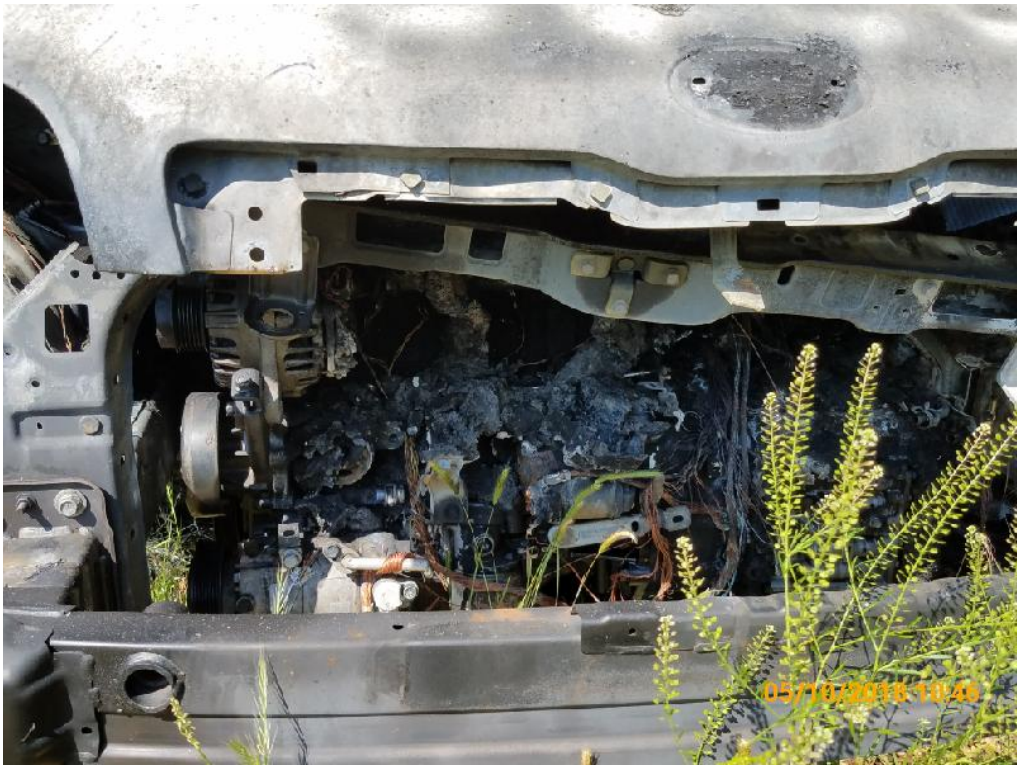
Year :2015

Make :KIA

Model :SOUL

[redacted]

12673866



Claim Number :0511628040101057-01

Category : Estimate

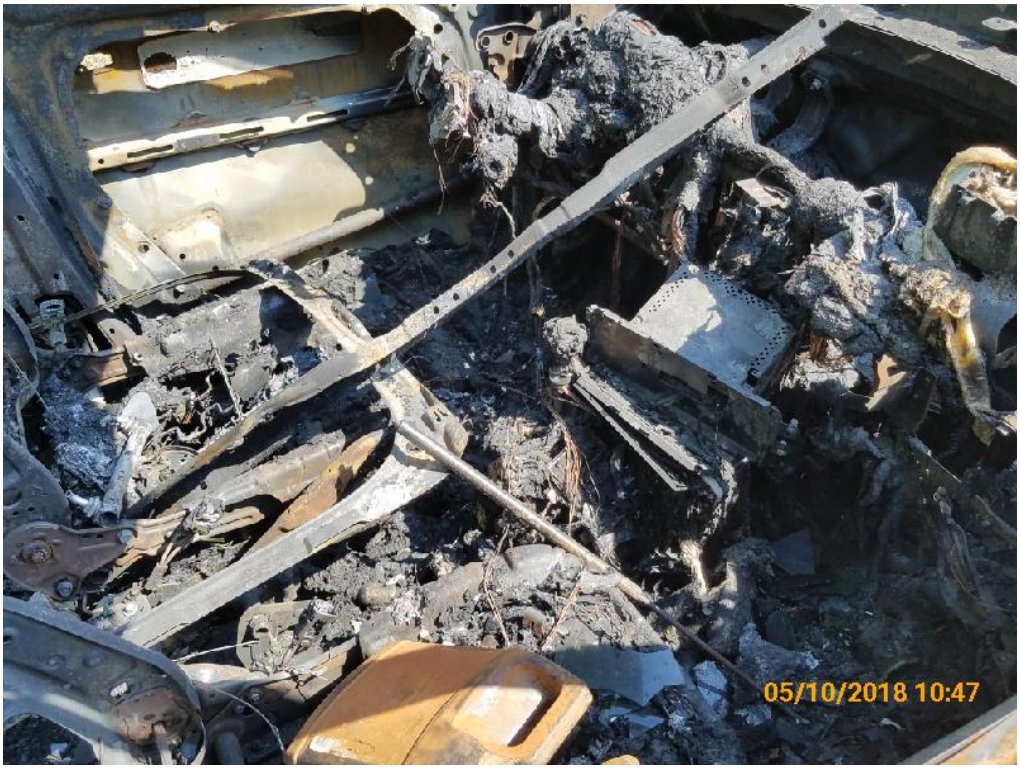
Sub Category : Estimate

Year :2015

Make :KIA

Model :SOUL

[redacted]



Claim Number :0511628040101057-01

Category : Estimate

Sub Category : Estimate

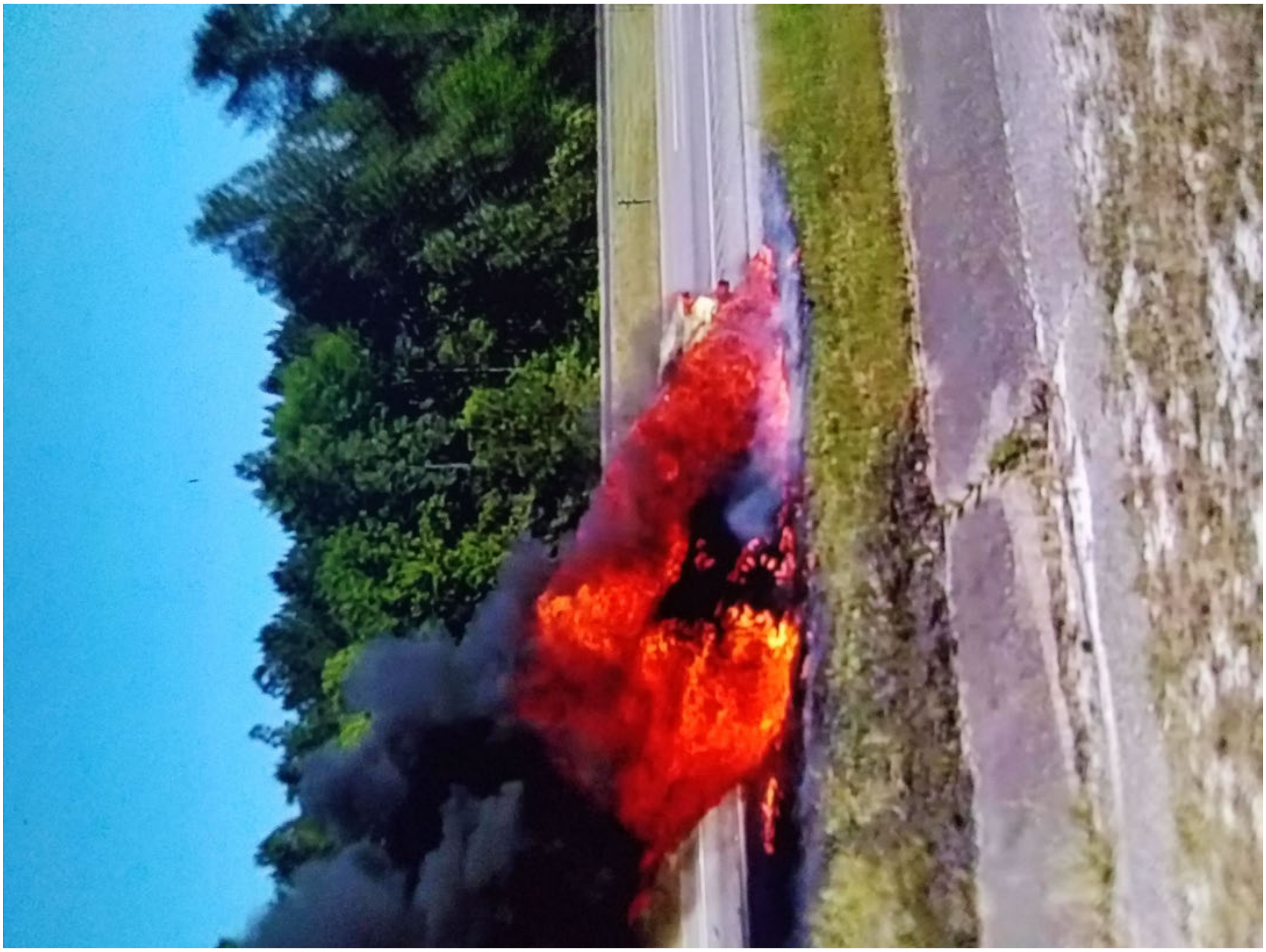
Year :2015

Make :KIA

Model :SOUL

[redacted]

12673866



GOVERNMENT EMPLOYEES INSURANCE COMPANIES

Vehicle Fire Questionnaire

Claim Number
Policy Number
Date of Loss

POLICYHOLDER/OWNER INFORMATION

Name of In
Residence
Telephone
How long h
Previous R
Employer N
Address:
Occupation
Social Secu
Insured's D
Marital Stat
Spouse's N
Addr
Tele
Emp
Address: *Street*
Occupation:
Spouse's Social Security Numb
Spouse's Driver's License Num

[redacted]

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
06	FORD	F350		GEICO

VEHICLE DESCRIPTION

VEHICLE IDENTIFICATION NUMBER (VIN):
STATE [redacted] LICENSE PLAT [redacted]

YEAR: 2015 MAKE: KIA MODEL: Soul + COLOR: White SPECIAL PACKAGES: +

BODY STYLE: 2DR (4DR) (Lift/Hatchback) Convertible (Wagon) Van Pickup Other:

ENGINE DETAIL: Size: Cylinders: 3 (4) 5 6 8 12 Turbo Diesel

MILEAGE: 74,xxx Transmission: Automatic 6 Speed (5 Speed) 4 Speed 3 Speed Optional (Over Drive) (4 Wheel Drive)

CIRCLE EQUIPMENT BELOW:

POWER OPTIONS	DECOR/CONVENIENCE	RADIO	ROOF OPTIONS	MOTORCYCLES
(Pwr Steering)	(Air Conditioning)	(AM)	Vinyl Roof	Headers
(Pwr Brakes)	(Rear Defogger)	(FM)	Electric Steel	Full Fairing
(Pwr Windows)	(Tilt Wheel)	(Stereo)	(Electric Glass)	Plexi-Faring
(Pwr Locks)	(Cruise Control)	Cassette	Manual Steel	Custom Seat
(Pwr Drive Seat)	Leather Seats	(Seek/Scan)	Manual Glass	Saddle Bags
(Pwr Pass Seat)	(4 Whl Disk Brakes)	CB Radio	Flip Roof	Travel Trunk
(Air Bag)	Telescopic Wheel	(Telephone)	T-Tops	Engine Guard
(Anti-Lock Brakes)	Auto Load Level	Anti Theft Device	Roof Rack	Case Guard
	3rd Seat (wgns only)	CD Player	Soft Top	Back Rest
	Wire Wheels		Hard Top	
	Wire W/Cover			

(Continued)

VEH. DESC.

Step Bumper
Sliding Rear Window
Auxiliary Fuel Tank
Sport Wheels
2-Tone Paint
Deluxe 2-Tone Paint
Customizing (Interior/Exterior)
Any Additional Options _____

Deep Tinted Glass
Dual Air Conditioning
Running Boards
Fog Lights
Bedliners
Chrome Bed Rails

Trailering Package
Eight Passenger
Roll Bar
Tool Box (Permanent)
Grill Guards
Positraction

SALES DATA

Purchase/Lease
Paid By: ☐
Seller's Name: _
Address: _
Tax Paid: $___
Lienholder/Leas
Address: _
Telephone
Account N
Last Paym
Has vehicl
Are payme
Other outs

[redacted]

SERVICE

N
A
D
L
W

PRIOR DAMAGE

H
Date of Loss: ___/___/___ Location: _____
Type of Loss: _____
Damages/Area: _____
Amount: $_____ Repairs Completed? ☐ NO ☐ YES
Insurance Company: _____
Repair Shop Name: _____ Telephone Number: (___)___-___
Address: _____
Street *City* *State* *Zip Code*
Was there any unrepaired body or mechanical damage on the vehicle prior to the theft? ☐ NO ☐ YES
If "YES" list damages: _____

FIRE INFO.

Who had custody of vel
Exact location of fire: (If
Reason car at location:
Date and time vehicle la
Date and time fire was
How many set of keys?
Are there any keys miss
Were there any keys in
Was the vehicle locked?

[redacted]

12673866

[redacted]

FIRE INFORMATION

If yes, Date: _____/_____/_____ Location: _____ Insurance Company: _____

Do you have any other Insurance on the vehicle? ☐ NO ☐ YES _____

Do you have a Homeowners ☐ or Tenants ☐ Policy?

Is the vehicle that is reported legally registered and titled at the Department of Motor Vehicles that issued the title and plates?

☒ YES ☐ NO

If the identity of the person or persons responsible for the fire of this vehicle is established, are you willing to prosecute that person or persons? ☒ YES ☐ NO N/A

When was your last insurance claim: _____/_____/_____

Name of Company: _____

POLICE/FIRE DEPT. INFO.

Who notified the Fire Dept ?

[redacted]

PART 1

IF VEHICLE WAS LOANED OR BORROWED:

Name: _____ Telephone Number: (_____)_____-_____

Address: _____
Street *City* *State* *Zip Code*

Relationship: _____ Purpose: _____ Does borrower own a vehicle? ☐ YES ☐ NO

If yes: Vehicle Year: _____ Make: _____ Model: _____ License Plate Number: _____

Insurance Company: _____

PART 2

SUBROGATION:

If the vehicle was parked in a garage or parking lot, identification of place of fire:

NO

Address: _____

Insurance Company: _____

Ticket Number: _____

Lease: _____

Stub Number: _____ Who parked the car? _____

Who was given possession of keys – Attendant: _____

(Continued)

12673866

PERSONAL EFFECTS

IF THERE WERE ANY PERSONAL ITEMS IN YOUR VEHICLE THAT WERE DAMAGED OR DESTROYED AND IF YOUR POLICY PROVIDES COVERAGE FOR PERSONAL EFFECTS, PLEASE COMPLETE THIS SECTION:

(LIMIT $200.00)

LIST ITEMS	VALUE OF EACH ITEM
LAPTOP COMPUTER / WORK	1200.00
COMPUTER BAG & ACCESSORIES	100.00
REVO POLARIZED SUNGLASSES	100.00
PRADA SUNGLASSES	300.00
E-CIG & COMPONENTS	100.00
JUMPER CABLES	50.00

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)

[redacted]

SCDPS Incident Report

NCIC Use Only

Inq.	Entd.

[redacted]

☐ Vehicle Pursuit Report ☐ Towed Vehicle Report ☒ Other: Vehicle Fire

Status
☐ Stolen ☐ Recovered
☐ Found ☐ Suspect
☐ Towed ☐ Victim

Type
☒ Vehicle ☐ Car ☐ Article ☐ Haz. Mat.
☐ Pickup ☐ MTC ☐ Comm. Veh. (Check If Applicable)
☐ Boat ☐ Gun ☐ License Plate

Nature of Assignment
☒ Routine Patrol ☐ Riot or Crowd Control
☐ Special Duty: ____
☐ Other: ____

☐ Complainant
☐ Victim
☒ Subject
☐ Runaway
☐ Wanted
☐ Arrest
☐ Other

Driver's or Pedestrian's Name: Matthew Edward Kay — Jailed?: ☐ Yes ☒ No
Address: 1551 Chukker Creek Rd — Intoxicated?: ☐ Yes ☒ No — Summons or Warrant #: N/A
Race: W — Sex: M — DOB: 05/21/1977 — DL Number: 103135810 — DL Record Requested?: ☐ Yes ☒ No
Height: 6'4 — Weight: 270 — Hair: Brown — Eyes: Blue — Scars, Tattoos, Etc.: N/A
Occupation: Senior Project Manager — Home Phone: 803-457-6973 — Work Phone: 919-758-9197
Vehicle Make: Kia — Model: Soul — Lic/Yr: N/A — State: SC — Color: White
DOT/ICC#: — VIN#: KNDJX3A50F7126158
Owner: Matthew Edward Kay — Address: 1551 Chukker Creek Rd, Aiken, SC, 29803
Physical Evidence Found: N/A — Witness: N/A — Address: N/A
Test Administered: No — Results: — By Whom: — Rank: N/A

☐ Complainant
☐ Victim
☐ Subject
☐ Runaway
☐ Wanted
☐ Arrest
☐ Other

Driver's or Pedestrian's Name: — Jailed?: ☐ Yes ☐ No
Address: — Intoxicated?: ☐ Yes ☐ No — Summons or Warrant #:
Race: — Sex: — DOB: — DL Number: — DL Record Requested?: ☐ Yes ☐ No
Height: — Weight: — Hair: — Eyes: — Scars, Tattoos, Etc.:
Occupation: — Home Phone: — Work Phone:
Vehicle Make: — Model: — Lic/Yr: — State: — Color:
DOT/ICC#: — VIN#:
Owner: — Address:
Physical Evidence Found: — Witness: — Address:
Test Administered: — Results: — By Whom?: — Rank:

Pursuit: Time Began: — Time Ended: — Location Began: — Location Ended:
Primary Trooper Involved: — Other Trooper(s) Involved:
Other Agencies Involved:
Was Supervisor Involved in Pursuit?: ☐ No ☐ Yes (Name):
Event Ending Pursuit: ☐ Accident ☐ Stopped ☐ Escaped ☐ Other

Abandoned Vehicle: Highway Number: — Sheriff Notified?: ☐ Yes ☐ No
Towed To: — Address: — Date:
Checked for Stolen?: ☐ Yes ☐ No — Stolen?: ☐ Yes ☐ No — Owner Contacted and Vehicle Identified?: ☐ Yes ☐ No
Does Officer Wish to Contact Owner Before Release?: ☐ Yes ☐ No
Final Disposition:
Department Records Cleared?: ☐ Yes ☐ No — Follow Up Investigation?: ☐ Yes ☐ No

Remarks: Vehicle Fire at I20 W 47 MM

[redacted]

Account Summary

[redacted]

$ 493.53
Next Payment Due

	Description	Amount
⊕	Next Payment Due 6/8/2018	$493.53
	Last Payment Received	$493.53
	Outstanding Principal Balance	$13,017.23

Make a Payment

Make a Payment	Enroll in Auto Pay	View eStatements	View Payment History	Manage Notifications	Ge

12673866

GEICO
geico.com

GEICO Indemnity Company

One Geico Center
Macon, GA 31296-0001

Company: GEICO Indemnity Company

Date: June 7, 2018

From: [redacted]

To:

RE: