

MOTOR THEFT CLAIM FORM



THE INFORMATION PROVIDED IS TO ENABLE THE COMPANY AND ITS SOLICITORS TO ADVISE ON AND TO CONDUCT ANY LEGAL PROCEEDINGS WHICH MAY ENSURE.

Name of Insured _____

Address _____ Occupation _____

Policy No _____ Date of payment of last Premium ___ / ___ / ___

PARTICULARS OF VEHICLE

Make _____ Year of Manufacture _____ H.P. or C.C. _____

Registered Letters and Numbers _____

Purpose(s) for which the vehicle was being used at the time it was stolen _____

CIRCUMSTANCES

Where did the loss occur? _____

On what date and at what hour did the loss occur? ___ / ___ / ___ : ___

Who was in charge of the vehicle at the time of the loss? _____

Was the vehicle in use with the Insured's permission or authority? _____

Was the vehicle locked: _____ Was an anti-theft device fitted? If so, state type _____

Circumstances under which the loss occurred, and information if any _____

Date and from whom the vehicle was purchased ___ / ___ / ___

Date and place of last vehicle service ___ / ___ / ___

Are you the sole owner of the vehicle? _____

Is there any hire purchase interest? _____

Give the date the Police were advised and the address of the Police Station stating Criminal Register Number
___ / ___ / ___

Are there any other insurance against Burglary, Housebreaking or theft upon the same vehicle? _____

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IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC. Please complete the following:-

Description	Price Paid	From Whom Purchased	Purchased When	Amount Claimed

IF VEHICLE NOT RECOVERED, Please complete the following and forward the Registration Book (if any)

Engine No. _____ Chassis or Frame :No. _____ Type of Body _____

Colour or combination of colours _____

Have you had any alterations made which are recognisable? _____

Are there any special fitments or accessories? _____

Are there any identifying features, externally or internally, e.g. marks, scratches, disfigurements etc? . Mileage reading at the time of loss _____

IF VEHICLE RECOVERED, Please complete the following:-

Place and date recovered _____ / ____ / ____

Mileage reading at the time of loss and upon recovery _____

Details of damage sustained (if any) _____

Where can the vehicle be inspected? _____

IF THE VEHICLE HAS BEEN DAMAGED A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

I/We hereby declare that the whole of the statements made by me/us in this Form of Claim are in every respect true, and I/we agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Signature of Insured: _____ Date: ____ / ____ / ____