



CORPORATE
INSURANCE

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 ensue

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 what hour did the loss occur?

Who was in charge of the Vehicle at the time of the loss?

Age

How long has a full driving licence been held?

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, any other relevant information.

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

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

Description	Price Paid	From whom Purchased	When Purchased	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 fitment 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 by any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Date _____

SIGNATURE OF INSURED