



# Motor Theft Claim Form (Including Accessories)

## IMPORTANT NOTICE

- To help us deal with your claim as quickly as possible please answer all the questions on the claim form fully and clearly, sign and date the form. In addition to the claim form please submit the police abstract, valid driving license and copy of the log book.

## INSURED DETAILS

- NAME | .....
- Telephone No | .....
- Postal Address / Postal Code / Town | .....
- Email | .....
- Occupation | .....

## POLICY

- NUMBER | .....
- Period Of Insurance | **FROM** ..... **TO** .....

## PARTICULARS OF VEHICLE

Registration	Make	Model	Year Of Manufacture	Mileage at the time of loss
1	1	1	1	1
Name and address of Hire Purchase or Owner				
1				

- Is the vehicle subject to hire purchase? | YES  NO
- Estimated value at the time of loss | .....

## CIRCUMSTANCES OF LOSS

- Place | .....
- DATE | ..... TIME | .....
- Was the vehicle locked? | .....
- How long had the vehicle been unattended? | .....
- Was an anti theft device fitted ? | YES  NO
- State type? | .....
- State circumstances under which the loss occurred ? | .....
- Was the vehicle on hire? | YES  NO

## DRIVER/PERSON IN CHARGE AT THE TIME OF LOSS |

- 1 NAME | .....
- 2 Telephone No | .....
- 3 Postal Address / Postal Code / Town | .....
- 4 Email | .....
- 5 Occupation | .....
- 6 Date Of Birth | .....
- 7 For what purpose was the vehicle being used? | .....
- 8 State your relationship with the insured | .....

### If the claim is for loss of spare parts, Tyres and Radio Cassette etc, please complete the following |

Item Description	Price paid	From whom purchased	Amount claimed

- 11 To which police station was the loss reported | .....
- 12 DATE | ..... TIME | ..... POLICE OB No. | .....

### If the vehicle or accessories are NOT RECOVERED please answer the following |

- 1 Have you had any alterations made which can help establish the identity of the vehicle/accessories? | YES  NO
- 2 If Yes state which ones | .....
- 3 Are there any special fittings or accessories? | .....

### If the vehicle or accessories are RECOVERED please answer the following |

- 1 Place recovered | ..... DATE | ..... TIME. | .....
- 2 Mileage reading upon recovery | .....
- 3 Details of the damage sustained (if any) | .....
- 4 Where can the vehicle be inspected? | .....

## DECLARATION - PLEASE READ CAREFULLY

I/We **HEREBY** declare that the whole of the statement made by me/us in this claim form are in every respect true and I/We agree that if I/We have made any false or untrue statement (s) or if there be any suppression or concealment of any material fact my/our right to recover under the Policy shall be absolutely forfeited.

NAME OF PROPOSER	SIGNATURE & STAMP PROPOSER	DATE