



# MOTOR THEFT CLAIM FORM

CLAIM NO .....

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 .....Telephone No.....

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 time of the loss?.....

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

Was the vehicle locked? .....

Circumstances under which the loss occurred?.....

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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 .....

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Are there any other insurance against Burglary, Housebreaking or Theft

upon the same vehicle? .....

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See continuation overleaf.

**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 (allow for age, wear and tear and salvage)

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 recognizable?.....

Are there any special fitments or accessories?.....

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Are there any identifying features, externally or internally, e.g.

marks, scratches, disfigurements, etc. ....

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Mileage reading at the time of loss .....

IF VEHICLE RECOVERED, please complete the following:

Place and date recovered .....

Mileage readings at the time of loss and upon recovery .....

Details of damage sustained (if any) .....

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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.

Signature of Insured .....

Date .....

Witness .....

Address .....

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THE COMPANY DOES NOT ADMIT  
LIABILITY BY THE ISSUE OF THIS FORM