

Motor Theft & Fire Report Form

- When completing this form, please tick the appropriate boxes and answer all questions using block capitals.

Policy Number

Claims Reference

Broker

1 Policyholder

Title

Forename(s)

Surname

Date Premium Paid (dd/mm/yyyy)

Home Address

Business Address

Postcode

Postcode

Telephone Number

Telephone Number

Age

Date of Birth (dd/mm/yyyy)

Precise Occupation(s) (Full Time/Part Time)

Employer's Business

Is the Vehicle Owner VAT Registered?

Yes

No

2 Driver/User

Title

Forename(s)

Surname

Home Address

Postcode

Telephone Number

Age

Date of Birth (dd/mm/yyyy)

Precise Occupation(s) (Part/Full Time)

Employer's Business

- a** Please select the type of driving licence the driver has for the vehicle being used:

Full Licence – More than 2 years experience

Full Licence – 1-2 years experience

Full Licence – Less than 1 years experience

Provisional Licence

None

- b** Has the driver any Motor Insurance in his/her own name?

Yes

No

If yes, state Insurers, Policy/Certificate No.



2 Driver/User *continued*

c Has the driver

- i** any physical or mental defect, impairment of sight/hearing diabetes or epilepsy?

Yes No

- ii** any motoring convictions in the last **5 years** or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?

Yes No

- iii** any previous accidents, losses or thefts in the last **3 years**?

Yes No

- iv** any criminal convictions (or been charged with a criminal offence but not yet tried)?

Yes No

- v** any County Court Judgements registered against him/her in the past **6 years** or defaulted on any credit agreement (including loans)?

Yes No

If **yes** to questions **i** to **v**, give details

3 Details of Vehicle and Use

Make Model

Cubic Capacity Colour

Registration Number Year

- a** What is the present mileage of the car?

What is the annual mileage?

Estimate of Current Value

- b** What was the vehicle being used for?

- c** Travelling from

to

- d** Has the vehicle been modified/alterd? Yes No

- e** Was the vehicle being used in connection with the occupation of the Policyholder or Driver?

Yes No

- f** Is the Policyholder the owner and registered keeper?

Yes No

If **no**, state name and address of Owner/Registered Keeper Owner's Insurers and Policy/Certificate No.

- g** Is the Policyholder the main user of this vehicle?

Yes No

If **no**, give details

4 Details of Vehicle as yet unrecovered

- a** Date of Purchase (dd/mm/yyyy)

- c** Name and address from where vehicle was purchased

Price paid Estimate of current value

- b** Condition of vehicle prior to theft

- d** Any distinguishing marks?

5 Details of Vehicle Recovery (if recovered)

a Date recovered (dd/mm/yyyy)	Time	Any other relevant information – including how the recovery was brought to your attention	
b Where was the vehicle found?			
Who found it?		e Is the vehicle driveable?	Yes No
c Had the vehicle been involved in an accident?		f Extent of damage:	
Yes No		None Minor Extensive Beyond Repair	
d How was entry made into the vehicle?		Brief details of damage	
g Location of vehicle			

If vehicle is damaged beyond repair we may move it to safe storage – please remove your personal effects.

6 Circumstances of Theft

a Vehicle last seen	j Date and Time of report to Police	
Date (dd/mm/yyyy) Time	Date (dd/mm/yyyy) Time	
Exact Location		k Police/Crime Reference No. allocated to theft
b Loss discovered	l Has any person(s) been apprehended? Yes No	
Date (dd/mm/yyyy) Time	m Do you or the Police know or suspect who was responsible? Yes No	
Exact Location		If yes to questions l or m , please give details
c Was the vehicle locked?	Yes No	n How regularly is the vehicle parked at this location?
d Were the windows/openings closed?	Yes No	o Where were the keys at the time of the theft?
e Was the ignition key removed?	Yes No	p What were the circumstances leading up to
f If the vehicle fitted with an alarm/immobiliser – was it activated?	Yes No	i Leaving the vehicle?
g Details of any other anti-theft precautions		ii On discovery of loss?
h Was the steering lock set and in operation?	Yes No	
i Police Station to which the theft was reported		

7 Loss or Damage to Property

Description of article (e.g. make/model)	Owner	Where was article left in vehicle?	Date purchased (dd/mm/yyyy)	Amount paid	Amount claimed

8 Details of Fire

a	Date (dd/mm/yyyy)	Time	c	Was there ignition, i.e. any flames?	Yes	No
	Place			d	Circumstances of the fire	
b	Were Fire Brigade in attendance?	Yes	No	e	Last date of service/repairs (dd/mm/yyyy)	
	If yes , give name of Fire Station					

9 Please enclose the following

A copy of the whole of the policyholder's and person in charge of the vehicle's driving licence. If the vehicle is unrecovered/recovered seriously damaged, please enclose in addition:

An explanation must be provided below for each item not enclosed

a	Vehicle Registration Document	Yes	No
b	Purchase Documents	Yes	No
c	MOT Certificate (if applicable)	Yes	No
d	Service Receipts	Yes	No
e	Repair/Maintenance Receipts	Yes	No
f	Copy of H.P. or other finance agreement form	Yes	No
g	A recent photograph of the vehicle	Yes	No
h	All sets of keys	Yes	No

I declare that to the best of my knowledge and belief the details given are true. I understand that if a claim is intentionally exaggerated or fraudulent or if any fraudulent means or devices are used to obtain benefit under the Policy then no payment will be made and further action may be taken as detailed in your Policy document. If the vehicle is beyond repair I authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give agreement as may be considered necessary for the disposal of such claims and litigation arising. I authorise the release of my DVLA records. I understand you may seek information from other Insurers to check the answers I have provided.

Insurers pass information to the claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Signed (Policyholder) _____ Signed (Driver) _____ Date (dd/mm/yyyy) _____