

# 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 1 Policyholder

Mr/Mrs/Miss/Ms	Forename(s)	Surname	Date Premium Paid (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	Business Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode	Postcode

Telephone Number	Telephone Number
<input type="text"/>	<input type="text"/>

Age	Date of Birth (dd/mm/yyyy)	Precise Occupation(s) (Full Time/Part Time)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employers Business	Is the Vehicle Owner VAT Registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>			

## 2 Driver/User

Mr/Mrs/Miss/Ms	Forename(s)	Precise Occupation(s) (Part/Full Time)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname	Employers Business
<input type="text"/>	<input type="text"/>

Home Address	a Does the driver/user hold a UK Driving Licence Full or Provisional?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	If yes, please indicate Full <input type="checkbox"/> Provisional <input type="checkbox"/>
Postcode	b Has the licence been held for over 12 Months?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Telephone Number	c Has the driver any Motor Insurance in his/her own name?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Age	Date of Birth (dd/mm/yyyy)	If yes, state Insurers, Policy/Certificate No
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>
		<input type="text"/>



## 2 Driver/User *continued*

**d** 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** State the exact reason for the journey


- c** Travelling from

<input type="text"/>	to	<input type="text"/>
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- 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** Does the Policyholder own or have the use of more than one vehicle?

Yes ☐ No ☐

If **yes** to questions **d**, **e** or **f**, give details, including Policy No and name of Insurers of other vehicles.


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

Yes ☐ No ☐

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


- h** 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)

Price paid

Estimate of current value

- b** Condition of vehicle prior to theft


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


- d** Any distinguishing marks?


## 5 Details of Vehicle Recovery (if recovered)

**a** Date recovered (dd/mm/yyyy) Time

**b** Where was the vehicle found?

Who found it?

**c** Had the vehicle been involved in an accident?  
Yes ☐ No ☐

**d** How was entry made into the vehicle?

Any other relevant information – including how the recovery was brought to your attention

  

**e** Is the vehicle driveable? Yes ☐ No ☐

**f** Extent of damage:  
None ☐ Minor ☐ Extensive ☐ Beyond Repair ☐

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  
Date (dd/mm/yyyy) Time

Exact Location

**b** Loss discovered  
Date (dd/mm/yyyy) Time

Exact Location

**c** Was the vehicle locked? Yes ☐ No ☐

**d** Were the windows/openings closed? Yes ☐ No ☐

**e** Was the ignition key removed? Yes ☐ No ☐

**f** If the vehicle fitted with an alarm/immobiliser – was it activated?  
Yes ☐ No ☐

**g** Details of any other anti-theft precautions

**h** Was the steering lock set and in operation?  
Yes ☐ No ☐

**i** Police Station to which the theft was reported

**j** Date and Time of report to Police

Date (dd/mm/yyyy) Time

**k** Police/Crime Reference No allocated to theft

**l** Has any person(s) been apprehended? Yes ☐ No ☐

**m** Do you or the Police know or suspect who was responsible?  
Yes ☐ No ☐

If **yes** to questions **l** or **m**, please give details

  

**n** How regularly is the vehicle parked at this location?

**o** Where were the keys at the time of the theft?

**p** What were the circumstances leading up to

**i** Leaving the vehicle?

**ii** On discovery of loss?

## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 8 Details of Fire

<b>a</b> Date (dd/mm/yyyy)	Time	<b>c</b> Was there ignition, i.e. any flames?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<b>d</b> Circumstances of the fire	<input type="text"/>	
Place			<input type="text"/>	
<input type="text"/>			<input type="text"/>	
<b>b</b> Were Fire Brigade in attendance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If <b>yes</b> , give name of Fire Station				
<input type="text"/>				

## 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:

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

An explanation must be provided below for each item not enclosed

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>