



MOTOR THEFT CLAIM FORM (Including accessories)

Important Notice :

1. Repairs must not be authorized without prior authority from us
2. All thefts (including accessories) must be reported to the Police and a report furnished to the Company

Name of Insured

Address

Occupation

Policy No

Phone No

Date of Payment of last premium

Particulars of Vehicle

Make

Year of Manufacture

H.P or C.C.

Registered letter 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 the time of the loss?

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, and information if any

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

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

Invoices for items purchased will be required to be produced to the Company

If the 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 alterations made which are recognizable? _____

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? _____

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 that if I/We have made any false or untrue statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date _____ Signature of the Insured _____