

MOTOR THEFT CLAIM FORM

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:.....

Policy No:.....

Date of Payment of last premium:.....

PARTICULARS OF VEHICLES

Make	Year of Manufacture	H.P. or C.C.	Registered letters & numbers	Purpose for which the vehicle was being used at the time it was stolen

CIRCUMSTANCES

Where did the loss occur?:.....

Date and time of loss:.....

Who was in charge of the vehicle at time of the loss?:.....

Was the vehicle locked?:.....

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

.....

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

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?.....

.....

Are there any other insurance against Burglary, housebreaking or Theft upon the same vehicle?

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)

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?.....

IF VEHICLE RECOVERED please complete the following:

Place and date recovered.....

Mileage reading at the time of recovery.....

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

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 WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

I/WE declare that the foregoing answers are true and completed and that I/WE hold no other policy indemnifying me/us in respect of this claim. I/WE request you to deal on my/our behalf with third party claims arising herein, in accordance with the terms and conditions of the above mentioned policy, and I/WE authorize you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Date: _____

Insured's Signature: _____

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