

## Motor Theft Report Form

### INSURED

Name

Address

  
  


Occupation

Policy No.

Home Tel. No.

Work Tel. No.

Mobile

Email

VAT Registered: Yes  No  Partial

### PERSON LAST IN CHARGE OF VEHICLE PRIOR TO THEFT

Name

Address

  
  


Occupation

Date of Birth

Home Tel. No.

Work Tel. No.

Relationship to insured.

How often does he/she use this vehicle?

Detail any physical defect, infirmity, defective vision. If none state none.

Details of and dates of accidents and losses during the past 3 years. If none state none.

  
  


Is a full U.K. Driving Licence held?

Yes

No

Licence Number

Please detail all criminal convictions

  
  


### INSURED VEHICLE

Make

Year

Model

Reg No.

Body Type

Colour

Mileage

Chassis No.

Date of Purchase

Price Paid

Who is the legal owner of the vehicle?

## INSURED VEHICLE cont.

Is there any outstanding hire purchase or leasing?

Yes  No

If yes advise name of company concerned.

Agreement Number.

Value at time of theft.

Was vehicle purchased new or secondhand?

From whom was vehicle purchased?

State condition prior to theft.

Please detail any alterations to the vehicle.


## USE OF VEHICLE PRIOR TO THEFT

Was the vehicle being used with the insureds consent?

Yes  No

For what purpose was the vehicle being used?

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## DETAILS OF THEFT

Date


Time


Location

Premises

Street

Town / Village, City

County

Postcode

How regularly is the vehicle parked at this location?

When was the vehicle last seen and by whom?

State full address of police station where theft reported.


Date theft reported.

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Time theft reported.

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Police officers name.

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Crime Ref.

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Do you or the police know or suspect who was responsible?

Yes  No

If yes please detail.

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Detail circumstances of theft as fully as possible.

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## DETAILS OF THEFT cont.

Where were the keys at the time of loss?

Is the vehicle fitted with any anti-theft devices?

Yes  No

If yes please detail.

If not please detail why not.

## IF VEHICLE HAS BEEN RECOVERED

Please describe how, where and by whom.

Describe any damage to the vehicle.

Is the vehicle still in use?

Yes  No

If 'no' where is vehicle?

Repairers name and address.

Cost of repairs.

## IF YOUR VEHICLE HAS NOT BEEN RECOVERED

If your vehicle has not been recovered or if it has been recovered and is seriously damaged, please complete this section and forward the original of the documents requested. An explanation must be provided for each original document not enclosed.

	Enclosed	To follow	Not available	Explanation
Vehicle documents i.e. V5, V23				
Purchase documents				
M.O.T. certificate				
Service Book				
Hire purchase/ lease agreement				
All relevant keys				
Your copy hire/ lease agreement				

## PAYMENT OF CLAIM

To avoid postal delays and the risk of theft we will pay any agreed amount due to you in respect of your claim directly into your bank account.

Please complete the following details about your bank account

Bank Name

Bank Account Number

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Sort Code

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Bank Account Name

If you would however prefer to receive a cheque please tick here

## ADDITIONAL INFORMATION

If there is any additional information you wish to give in connection with your claim please give details below.

Question No.	Information

## NOTICE

Insurers pass information to 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 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 Register.

## DECLARATION

I/WE DECLARE THAT THE PARTICULARS ON THIS FORM ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.  
I/WE UNDERSTAND THAT YOU MAY ASK FOR INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I/WE HAVE PROVIDED.

Signature of insured

Date

Signature of person  
last in charge

Date