

MOTOR THEFT CLAIM FORM

- The issue of this form is not an admission of a claim
- Insurers maintain a motor insurance anti fraud and theft register and exchange information with each other to prevent fraudulent claims
- Any claim under the policy may affect the no claims discount *if applicable*
- All claims are investigated. Certain cases may be referred to our specialist claims investigation unit

SECTION 1 - INSURED (ANSWER ALL IN UPPER CASES)

Policy Number: _____ Date of Theft: DD / MM / YY

Vehicle Registration: _____ Company Code (*Fleet only*): _____

Title: _____ Full Name: _____

Present Address: _____
(In full)

Tel Number: Home Business

Date of Birth: DD / MM / YY

Yes No

Is a full driving licence held? _____ If 'Yes' date driving test passed: DD / MM / YY

Occupation (s): Full Time Part Time

Yes No

Is the insured registered for VAT? _____

Is the vehicle owner registered for VAT? _____

Details of any previous accidents or losses sustained in connection with a motor vehicle (If NONE, state NONE):

Date: _____ Circumstances _____
DD / MM / YY
DD / MM / YY

Details of all motoring convictions including fixed penalties and any pending prosecutions (If NONE, state NONE):

Date of conviction: _____ Offence/offence code: _____ Sentence/fine: _____
DD / MM / YY
DD / MM / YY

Details of all other criminal convictions involving fraud or dishonesty e.g. shoplifting, arson (If NONE, state, NONE):

Yes No

Was the person in charge of the vehicle at the time of the theft the insured?

If 'Yes' please go straight to **SECTION 3**
If 'No' please complete **SECTION 2** and then go to **SECTION 3**

SECTION 2 - PERSON LAST IN CHARGE OF VEHICLE

Title: Full Name:

Present

Address:
(In full)

Tel Number: Home Business

Date of Birth: DD/MM/YY

Occupation (s): Full Time Part Time

Details of any previous accidents or losses sustained in connection with a motor vehicle (If NONE, state NONE):

Date: Circumstances

DD/MM/YY

DD/MM/YY

Details of all motoring convictions including fixed penalties and any pending prosecutions (If NONE, state NONE):

Date of conviction: Offence/offence code: Sentence/fine:

DD/MM/YY

DD/MM/YY

Details of all other criminal convictions involving fraud or dishonesty e.g. shoplifting, arson (If NONE, state, NONE):

How often does this person use the vehicle? Daily Weekly Monthly Other If 'Other' please state:

What is the person's relationship to the insured? e.g. employee, son, daughter etc

Yes No

Does this person have insurance of their own?

If 'Yes', please give name of insurer:

Policy number:

Yes No

Is a full driving licence held?

If 'Yes', please state date driving test passed: DD/MM/YY

SECTION 3 - VEHICLE (ANSWER ALL IN UPPER CASES)

Make: Model: Colour:
GWV (commercial vehicles only) Cubic Capacity Engine number
Chassis/VIN number Year of Manufacture Mileage at date of theft

Yes No

Since acquiring the vehicle, have you obtained any additional or replacement keys?

If 'Yes' please give details/dates:

State condition of vehicle prior to theft and any fact material to it's value:

Please give details of when and from whom the vehicle was purchased:

How much did you pay? £

Method of payment *e.g. cash, building society cheque etc:*

Please give your estimate of value at the time of theft:

Yes No

Is the Insured the legal owner of the vehicle *and/or trailer?*

If 'No', please explain why and give name and address of legal owner:

What documents did you receive when you purchased the vehicle? *e.g. VRD, MOT, receipt etc*

How many sets of keys did you receive when you purchased the vehicle?

Please give details of any alterations/modifications made to the vehicle:

SECTION 4 - THEFT (ANSWER ALL IN UPPER CASES)

Date of theft:

Approximate time of theft: HH : MM ^{AM} ^{PM}

Exact location where theft occurred:

When was vehicle last seen? DD / MM / YY HH : MM ^{AM} ^{PM}

By whom was theft discovered:

When was theft discovered? DD / MM / YY HH : MM ^{AM} ^{PM}

Was the vehicle being used for business or pleasure?
Business Pleasure

For what specific purpose was the vehicle being used?

How regularly is the vehicle parked at this location?

Yes No

Were the police informed?

If 'Yes', please give date, police station, police officer and reference *if known*

How and by whom were the police advised? *e.g. by telephone*

Yes No

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

If 'Yes', give details:

Please state the circumstances as fully as possible *continue on a separate sheet if necessary*

Yes No

Was the vehicle inside a locked garage?

Were all vehicle doors locked and windows securely closed?

Where were the keys at the time of the theft?

What precautions were taken to prevent the theft? *e.g. alarm, wheelclamp*

Yes No

Is the vehicle fitted with any anti-theft devices?

If 'Yes', give details:

Yes No N/A

Were these in use?

If 'No' explain, explain why:

Please give details of any contents/personal belonging stolen *please supply receipts*

Description of article	Owner	Where was article	Original cost	Replacement
			£	£
			£	£
			£	£
			£	£

Yes No

Is there any other insurances in force on the property? *e.g. household/travel*

If 'Yes', please give name of insurers:

Policy Number:

Yes No

Has your vehicle been recovered?

If 'No' go straight to Section 6

If 'Yes' complete Section 5 then go to Section 6

Where were the keys at the time of the theft?

SECTION 5 - DAMAGED/RECOVERED VEHICLES

If your claim relates to damage to the vehicle, please supply the following information

Please give full details of how, where and by whom the vehicle was recovered:

Yes No

Were the police informed of the recovery of the vehicle?

If 'Yes' please give date, police station, police officer and reference number *if known*

How and by whom were the police informed *e.g. by telephone*

Yes No

Is your vehicle mobile?

What is its current location? Give name, address and telephone number of garage if applicable:

Details of theft damage caused to the vehicle and its accessories:

Yes No

Repair estimate attached?

In the event of your vehicle being uneconomical to repair, may we move it to a place of free storage in order to minimise storage charges?

SECTION 6 - SERIOUSLY DAMAGED/UNRECOVERED VEHICLES

If your vehicle has not been recovered or if it has been recovered and is seriously damaged, please complete this section and forward the originals of the documents requested. If you are in doubt as to the extent of the damage, please supply the documentation. If any documents are unavailable, duplicates must be obtained. An explanation must be provided for each original item enclosed

	Enclosed	Not Available	To Follow	Explanation
Vehicle Registration document V5				
Purchase documents				
MOT Certificate				
Service book or full details of all servicing carried out				
Details with receipts of all maintenance/ repair work carried out				
Your copy of the hire purchase or other finance agreement form				
If available, a photograph of the vehicle with date it was taken				
All relevant keys indicate how many				

Enclosed Not Available To Follow Explanation

Copy of the whole of
the insured's driving licence

Copy of the whole of
driving licence of person in
charge of the vehicle at the time
of the theft if different from above

I/We declare that the details given on the claim form are true and complete to the best of my/our knowledge and belief. I/
We understand that if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of
the claim are used to obtain benefit, all benefit under the policy shall be forfeited and criminal proceedings may ensue.

Signature: _____

Date: _____

Position with company if appropriate: _____

Please submit OR return the completed form to...

Jersey - 1st Floor, Kingsgate House, 55 Esplanade
St Helier Jersey JE1 4HQ
Fax 01534 835386 claims only

Guernsey - Lancaster Court, Forest Lane, St Peter Port
Guernsey GY1 1WJ
Fax 01481 730915 claims only