

Theft/Fire Report Form



If you require immediate advice or assistance in relation to repairs then please ring our Claims Line on 0844 412 6412.

If the vehicle has been stolen and/or it is considered beyond economical repair please send with this form the following: Copy of your Driving Licence, Vehicle Registration Document, MOT Certificate, keys, purchase receipt, maintenance invoices and photograph of vehicle. No offer will be made for the vehicle until 42 days have elapsed from the date of the theft.

INSURED

Name Document No
Address Please indicate cover: COMP or TPF&T
..... Private Tel. No.
..... Postcode Business Tel. No.
Occupation Mobile Tel. No.
Are you V.A.T. registered? YES/NO E-mail

DRIVER OR PERSON LAST IN CHARGE

Name Address
..... Postcode Date of Birth
Occupation Identify licence held: Full/Prov./International/Other (**attach copy to this form**)
Name of Issuing Authority Driver No. Valid until
If Full licence held, give date of passing U.K. driving test
Has driver ever been convicted (incl. non-motor), had a licence endorsed or is any prosecution pending? YES/NO
If yes, provide offence codes, fines, dates and penalty points (incl. fixed penalties).....
.....
Has driver been convicted or charged (but not yet tried) of any criminal offence? YES/NO If yes, provide full details including date and nature of offences
Have you had any accident, loss (incl. fire or theft) or claim in the last 3 years? YES/NO
If yes, give full details
If driver was not the Insured, was vehicle being driven with the Insured's permission? YES/NO
Does driver have own motor policy? YES/NO If yes, give name of Insurer and Policy No
.....
Is driver in your direct employ? YES/NO If so, for how long?.....

USE

Details of last journey. From To
For what exact purpose was vehicle being used?.....
("Private, Social, Personal, Pleasure or Domestic" is not sufficient - you must give full details)
Was the vehicle being used in connection with occupation of Insured or driver? YES/NO
If yes, please give precise details
Was vehicle being used for travel to or from work? YES/NO If yes, do you always work at this address? YES/NO
If no, give reason for journey
Give details of any goods or equipment connected with your work or business in the vehicle at the time

VEHICLE

Make and Model Cubic Capacity Registration No.
VIN/Chassis No. Date of Manufacture Colour.....
Expiry Date of MOT Fuel type? Diesel/Leaded/Unleaded/Lead Replacement/Gas
State any modifications from standard.....
Is the vehicle your property? YES/NO If no, give name and address of Owner, Insurer, H.P, or Leasing Company
.....
Approximate date of purchase Price paid £
From whom purchased?.....
Approximate mileage at date of loss Estimated value £
If goods vehicle, give details of operator's licence currently held.....
Plated weight of vehicle Nature and weight of load

IMPORTANT: Please note that if the vehicle is beyond repair we will move it to safe storage in order to prevent storage charges accruing. Please remove all of your personal effects before vehicle is taken or removed to repairers.

