

# TRADEX

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## PRIVATE MOTOR THEFT FORM

(Not for use on Motor Trade)

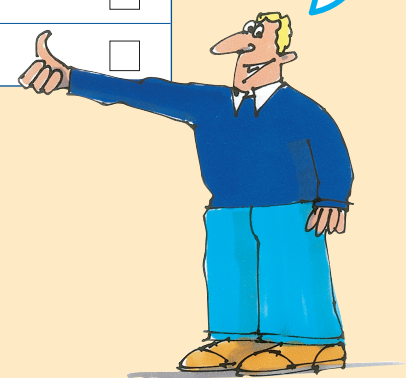
<b>Insured Name</b>	<input type="text"/>
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<b>Policy No: (cover note if applicable)</b>	<input type="text"/>
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<b>Broker / Agent: (if applicable)</b>	<input type="text"/>
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<b>Cover Applicable</b>	<b>Comprehensive</b> <input type="checkbox"/>
	<b>Third Party Fire &amp; Theft</b> <input type="checkbox"/>
	<b>Third Party only</b> <input type="checkbox"/>

Please ensure you complete all details here



### IMPORTANT

We wish to process your claim as quickly as possible. Therefore please ensure all questions are fully answered and all required documents are enclosed. If in doubt telephone our First Response Claims line.

### PLEASE NOTE

Copies of both the policyholder's and driver's licences must accompany this form. Failure to do so will delay the claim.

Tradex (Underwriting Agencies) plc act as claims settling agents for Tradex Insurance Company Limited and other co-insurers which subscribe to the Tradex Brand Products. Tradex (Underwriting Agencies) plc is the management company for Tradex Insurance Company Limited who is regulated by the FSA and a member of GISC.

## 1 POLICYHOLDER'S DETAILS

Full Name  Date of Birth

Address (Private)   
  
 Post Code

Home Telephone  Mobile  Business Telephone  Email

Occupation (including any part time occupation)

## 2 DETAILS OF DRIVER (or last person to drive before the theft)

Full Names  Date of Birth

Address (Private)   
  
 Post Code

Home Telephone  Mobile  Business Telephone  Email

Full Time Occupation  Part Time Occupation

Driving Licence Number  Licence Expiry Date  Date UK Test Passed

Type of Licence Full UK  Provisional  EEC  Other (state nationality)

Was the vehicle being used with Insured's consent YES  NO  If not the Policyholder driving, does the driver have his own insurance YES  NO

If YES, name of Insurer  Policy No

State usage of vehicle at time of accident (eg Business, Social, Domestic, Pleasure)

Were goods or tools being carried at the time YES  NO  If YES, please state

### Relationship of driver if other than insured (tick as appropriate)

Partner / Spouse  Child  Parent  Friend  Employee  Other (please specify)

Have you or the driver ever been convicted of any offence or received a fixed penalty notice YES  NO

Have you or the driver ever been involved in an accident YES  NO

Have you or the driver ever been involved in any other theft or other incident in connection with a motor vehicle YES  NO

Have you or the driver ever been refused insurance or had any insurance cancelled or been refused renewal YES  NO

Does the driver suffer from any physical or mental disability YES  NO

If the answer to the questions above is YES, please give full details below. Use a separate sheet if necessary.

Date	Driver	Circumstances / Details	Conviction Code	Fine

Physical / Mental disability

### 3 DETAILS OF INSURED VEHICLE OR VEHICLE BEING DRIVEN AT THE TIME

Registration Number	Year of Make	Make and Exact Model	Colour	CC (or GVW if CV)	Current Value

Chasis No  Engine No

Where is the vehicle normally garaged

Is the vehicle owned by the insured YES  NO  Is the vehicle registered in the insurer's name YES  NO

If the answer to either of the above questions is NO, give full details of the owner / keeper and the insurers of the vehicle

Date of purchase  Purchase price £  Has the vehicle been modified in any way YES  NO

If YES, give details

Is the vehicle subject to Hire Purchase or Lease YES  NO  If YES, give full name and address of Finance / Leasing Company

Post Code  Telephone No

HP Agreement No / Lease Contract No

### 4 THEFT DETAILS

Date stolen  Time stolen  AM / PM

Address from where stolen

Post Code

When was the vehicle last seen before the theft date  time  AM / PM

When was the theft discovered date  time  AM / PM

Were the windows and doors locked YES  NO  Was the ignition key removed YES  NO

What precautions were taken to protect the vehicle against theft and which anti-theft devices were used, if any

Explain fully how the theft occurred

Was the theft reported to the police YES  NO  If YES, give details date  time  AM / PM

Police station

Officer  Crime reference number from police

Has anyone been apprehended by the police for the theft YES  NO

## 4 CONTINUED

If the vehicle was recovered damaged and was involved in an accident, please give full details

Have you any suspicions

## 5 DAMAGE TO YOUR VEHICLE IF RECOVERED

Has the vehicle been recovered YES  NO  If YES, date and time recovered date  time  AM / PM

Where was the vehicle recovered and describe circumstances of recovery

Where is the vehicle at present

 Post Code  Telephone 

Is the vehicle driveable YES  NO  Is the vehicle damaged YES  NO  If YES, give brief details

Can the vehicle be inspected at the above location YES  NO  If NO, where can it be inspected

  
 Post Code 

Estimated repair costs £  If the damage is minor, please send TWO estimates with this form.

**Note: If the vehicle is a 'total loss' the company will remove it to their own nominated storage depot for safe keeping whilst negotiations proceed. Such steps are not to be taken as an admission that any liability attaches under the policy.**

## 6 SETTLEMENT OF TOTAL CLAIMS LOSS - THEFT

We will appoint an independent assessor to investigate the theft and to impartially assess the value of the vehicle. When settlement has been agreed, we shall pay the amount(s) due less any policy excesses, premiums outstanding or finance on the vehicle via electronic transfer direct to your bank account. Please give your bank details below:

Name of Bank  Branch  Sort Code

Account Number  Account Name

If the account is NOT in the name of the Policyholder, please state relationship between Policyholder and account holder to be credited

## DECLARATION (Please read before signing)

I / We declare that the above statements are true and correct to the best of my / our knowledge and belief. I hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information within my knowledge connected with the loss and I agree to provide the Insurers with any further information or documentation as may be required. If my vehicle is a total loss I agree that the company have my permission to remove the vehicle to safe and free storage pending settlement of this claim. I understand that any attempt to make a fraudulent theft claim will result in prosecution.

SIGNATURE OF POLICY HOLDER

DATE

SIGNATURE OF DRIVER

DATE

**Please submit the following documents with your claim form:** 1. Vehicle Registration Book 2. MOT Certificate 3. Vehicle Keys 4. All Service History Documents 5. Purchase Receipt for Vehicle 6. Any documents to establish value and condition of vehicle 7. Any photograph(s) available of vehicle 8. Copy of Driver's Licence

**Brokers use only:** Please ensure all questions have been answered  and documents copies are attached