

CLAIM FORM FOR MOTOR THEFT

(1) POLICY NO. : _____ **EXPIRY DATE :** _____

Name of Insured: _____

ID NO: _____ PIN NO.: _____

(tel): _____ (D.O.B): _____
(email): _____

(postal): _____ (code): _____ (city): _____

OCCUPATION / BUSINESS: _____

IMPORTANT NOTICE

1. The information provided is to enable the company and its Solicitors to advise on and to conduct any legal proceedings which may ensue
2. No liability under the policy is admitted by Issue of this form
3. All questions on this form must be answered

(2) VEHICLE

Make & Model:

HP/CC

Reg. No.(Vehicle)

Reg. No. (trailer)

Year of Manufacture

Carrying capacity :

Carrying capacity :

Name and Address of Owner :

Name :

Address:

(3) VEHICLE USE

State the exact purpose for which the vehicle was being used at the time it was stolen.

4) COMMERCIAL VEHICLE

Description of goods being carried

Name of Owner of goods

Was a trailer attached ? Yes No

Weight of load on

(a) Vehicle

(b) Trailer(s)

(5) CIRCUMSTANCES

i. Where did the loss occur?

Date :

Time :

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

iii. Was the vehicle in use with the Insured's permission or authority? Yes No

If "No", give details :

iv. Was the vehicle locked? Yes No Was an anti-theft device fitted? : Yes No

If so, state type :

v. Circumstances under which the loss occurred, and information if any:

vi. Date and from whom the vehicle was purchased:

vii. Are you the sole owner of the vehicle ? Yes No

Is there any hire purchase interest ? Yes No

viii. Give the date the Police were advised and the address of the Police Station stating Criminal Register Number.

ix. Are there any other insurance against Burglary, Housebreaking or theft upon the same vehicle? Yes No

If "Yes, give details:

(6) IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC., Please complete the Following:-

Description	Price Paid	From Whom Purchased	Date of Purchase	Amount Claimed

(7) IF VEHICLE NOT RECOVERED

Please complete the following and forward the Registration Book (if any)

Engine No.: _____

Chassis or Frame Number: _____

Type of Body: _____

Colour or combination of colours: _____

Have you had any alterations made which are recognizable?

Yes

No

If "Yes", give details : _____

Are there any special fitments or accessories?

Yes

No

If "Yes", give details: _____

Are there any identifying features, externally or internally, e.g. marks, scratches, disfigurements Etc?

Yes

No

If "Yes", give details: _____

Mileage reading at the time of loss:

(8) IF VEHICLE COVERED

Please complete the following:

Place and date recovered

Mileage reading at the time of loss : _____ upon 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 PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

DECLARATION

I/We hereby declare that the whole of the statement made by me/us in this Form of Claim are in every respect true, and I/we agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Date : _____ Signature (Rubber stamp if corporate): _____