

MOTOR THEFT CLAIM FORM

Name Insured _____
 Address _____
 Occupation _____ Telephone No. _____
 Policy No. _____ Date of Payment of last Premium _____

PARTICULARS OF VEHICLE

Make	Year of Manufacture	H. P. or C. C.	Registered letters and numbers	Purpose (s) for which the vehicle was being used at the time it was stolen

CIRCUMSTANCES

Where did the loss occur? _____

On what date at what hour did the loss occur? _____

Who was in charge of the vehicle at time of the loss? _____

Was the vehicle in use with the Insured's permission or authority? _____

Was the vehicle locked? _____

Circumstances under which the loss occurred?

Mileage reading at time loss _____

Are you the sole owner of the vehicle? _____ Is there any hire purchase interest? _____

Give the date the Police were advised and the address of the Police Station? _____

Are there any other insurance against Burglary, Housebreaking or Theft upon the same vehicle?

IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYPES ETC., please complete the following:-

Description	Price Paid	From whom purchased	When Purchased	Amount claimed (allow for age, wear and tear and salvage)

IF VEHICLE NOT RECOVERED please complete the following and forward the Registration Book (if any);

Engine No. _____ Chassis or frame No. _____ Type of body _____

Colour or combination of colours _____

Have you had any alterations made which are recognizable? _____

Are there any special fitments or accessories? _____

Are there any identifying features, externally or internally e.g. Marks, scratches, disfigurements, etc. _____

IF VEHICLE RECOVERED please complete the following:

Place and date recovered _____

Mileage reading at the time of 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 DONE WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

I/WE hereby declare that the whole of the statements 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.

Signature of Insured _____ Witness _____

Date _____ Address _____