

Name of insured _____
 Address _____ Post Code _____
 Telephone No. _____ City/Town _____
 Occupation _____
 Policy No _____ Date of payment of last premium _____
 Registered Marks _____ H. P. or C. C. _____
 Make of Vehicle _____ Year of Manufacture _____
 Purpose(s) for which the vehicle was being used at the time it was stolen _____

CIRCUMSTANCES

On what date and at what hour did the loss occur? _____
 Where did the loss occur? _____
 Age of the driver _____
 How long has a full driving license been held? _____
 Was the vehicle in use with the insured's permission or authority? _____
 Was the vehicle locked? _____
 Was an anti-theft device fitted? If so, state the type _____
 Circumstances under which the loss occurred, and information if any _____

 Date and from whom the vehicle was purchased _____
 Date and place of last vehicle service _____
 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 stating the Criminal Register No.

Are there any other insurances against Burglary, Housebreaking or theft upon the same vehicle? _____

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

Description	Price Paid	From whom Purchased	When Purchased	Amount Claimed

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 recognisable? _____

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

Are there any special fitments or accessories? _____

Kilometer reading at the time of loss _____

IF VEHICLE RECOVERED, Please complete the following:-

Place and date recovered _____

Kilometer reading at the time of loss and 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.

I/We hereby declare that the whole of the statements made by me/us in this Claim Form 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 of Insured _____