



MOTOR VEHICLE THEFT REPORT FORM

ERS Claims Ltd, PO Box 3753, Royal Wootton Bassett, Swindon, SN4 4DA

1 POLICYHOLDER

Name _____ Address _____

 _____ Postal Code _____
 Occupation _____
 Telephone No. Home _____ Business _____
 Driving Licence No. _____
 Date of Birth _____

Where the policy covers damage/loss of the vehicle, please complete the following

Is the vehicle owner Registered for VAT purposes? YES / NO
 If YES state if the VAT included in the cost of repairing or replacing the vehicle can be recovered.
 a) Completely b) Partially _____ % c) Not at all (delete as necessary)
 Are you the actual owner of the insured car? YES / NO
 If NO who is? _____

2 Policy/Certificate Number _____ Broker or Agent _____ Renewal Date _____

3 VEHICLE

Please state exact specification e.g. Manual/Automatic RH/LH Drive GT.GTL.XL. Super. etc, Saloon/Coupe/Sports/Estate/Hatch:2/3/4/5 Door

Make and Model _____ Registration No _____
 Year _____ Engine Capacity C.C: _____ Petrol/Diesel Details of trailer (if any) _____

4 PERSON IN CHARGE, OF THE VEHICLE

Name _____ Date of Birth _____ Licence No. _____
 Address _____
 Occupation _____ If your permanent Driver, how long has he been in your employ? _____
 Has he/she in his/her own name, a Motor Insurance Policy? YES/NO If so please state name of Insurers and the Policy Number _____
 Has he/she any physical infirmity, or defective vision or hearing, or lost a limb or an eye? YES/NO If so give details _____
 Since when has he/she been licensed to drive? _____ Date test passed _____
 Has he/she been convicted of any motoring offences? YES/NO If so give details _____
 Last use of vehicle prior to incident _____

5 THE OCCURRENCE

Date of Theft _____ Time _____ (a.m. / p.m.)
 Place: Street or Road _____ Town _____ County _____
 To which Police Station was the Theft reported? _____
 When was the Theft reported to the Police? Date _____ Time _____ (a.m. / p.m.) Crime Book Ref. _____
 By whom was the Theft discovered? _____
 Was the vehicle locked and the ignition key removed prior to the Theft? YES/NO
 State the circumstances in which the Theft occurred _____
 Has the vehicle recently been offered for sale YES/NO

6 IF THE VEHICLE HAS BEEN FOUND AND HAS SUSTAINED DAMAGE (please complete the following)

Where was the vehicle found? _____
 Was the vehicle found by Police? YES/NO If NO, by whom, please state their Name and Address _____
 Have Police charged any person(s) in connection with the theft? YES/NO If YES, state the name and address of person _____
 Details of Damage _____
 Where may our Engineer inspect the vehicle? _____
 Is the vehicle there now? YES/NO

7 IF THE VEHICLE HAS NOT YET BEEN RECOVERED

Please give the following information and submit purchase invoice and Registration Document or Photocopies and current M.O.T. Test Certificate

Date the vehicle was purchased _____ Price Paid _____ Present Value _____

From whom purchased _____

Chassis number (this is quoted in the registration document) _____

Total Mileage at the time of the Theft _____

When was the vehicle last serviced? Date: _____ Mileage: _____ (attach accounts if possible)

Mileage of the vehicle in the last 12 months: Business _____ Personal _____

When were tyres last purchased for the vehicle? O/S/F _____ N/S/F _____ O/S/R _____ N/S/R _____ (attach accounts if possible)

Detail extras fitted to the vehicle and state value and purchase price _____

Any recent expenditure on the vehicle apart from servicing and tyres details above (attach accounts if possible) _____

Is the vehicle subject to any hire purchase agreement? YES / NO If YES State:

Name of Company _____

Address of Company _____

Agreement Number _____

8 IF ANY PROPERTY HAS BEEN STOLEN FROM OR WITH YOUR PRIVATE CAR

Please complete the following even if the property is not insured (N.B. Not all motor policies cover such property)

Description of Property Lost or Damaged	Are you the Owner of the property? If not, state Owners Name	Date of Purchase	Amount Paid	Value before Theft (allowing for wear tear and depreciation)
TOTAL				

Is the property for which you are claiming covered under any other policy? YES / NO

If YES state name and address of Company and Policy Number _____

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd. (IDSL Ltd.), the Hunter database run by MCL Ltd. and the Motor Insurance Anti-Fraud Register, run by the Association of British Insurers (ABI) and where appropriate the Police. The aim is to help us check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

I/We declare that the information given in this form is true and correct to the best of my/our knowledge and belief.

Policyholder's Signature _____ Date _____

(If the policyholder is in the name of a firm, this form must be signed by a partner, officer, or director and rubber stamped)

ERS Claims Limited, who are authorised and regulated by the Financial Conduct Authority, registered number 312087, administer claims on behalf of ERS. ERS is a trading name of ERS Syndicate Management Limited who are authorised by the Prudential Regulatory Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority, registered number 204851. ERS Syndicate Management Limited and ERS Claims Limited Registered Office: Library House, New Road, Brentwood, Essex CM14 4GD. Registered in England and Wales No. 00426475 and 02996846.