Motor Theft & Fire Report Form

10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester GL2 4NZ Telephone: 01452 361602 or 361649 Facsimile: 01452 361604

• When completing this form, please tick the appropriate boxes and answer all questions using block capitals.

Policy Number	Claims Reference	Broker

1 Policyholder

Mr/Mrs/Miss/Ms Fore	name(s)	Surname		Date Premium Paid (dd/mm/yyyy)
Home Address			Business Address	
	Postcode			Postcode
Telephone Number			Telephone Number	
Age	Date of Birth (dd/mm/yyyy)		Precise Occupation(s) (Full Time/P	Part Time)
Employers Business			Is the Vehicle Owner VAT Registered	ed? Yes No

2 Driver/User

Mr/Mrs/Miss/N	Ms Forename(s)	Precise Occupation(s) (Part/Full Time)	
Surname		Employers Business	
Home Addres	35	a Does the driver/user hold a UK Driving Licence Full or Provisior	nal?
		Yes No	
		If yes, please indicate Full Provisionsal	I
		b Has the licence been held for over 12 Months?	
	Postcode	Yes No	
Telephone Nu	ımber	c Has the driver any Motor Insurance in his/her own name?	
		Yes No	
Age	Date of Birth (dd/mm/yyyy)	If yes, state Insurers, Policy/Certificate No	



2 Driver/User continued

Ha	s the driver		any County Court Judgements registered against him/her in
i	any physical or mental defect, impairment of sight/hearing diabetes or epilepsy?		the past 6 years or defaulted on any credit agreement (including loans)?
	Yes No		Yes No
ii	any motoring convictions in the last 5 years or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?	lf ye	es to questions i to v, give details
	Yes No		
iii	any previous accidents, losses or thefts in the last 3 years?		
	Yes No		
iv	any criminal convictions (or been charged with a criminal offence		
	Yes No		
	i ii iii	<pre>diabetes or epilepsy? Yes No ii any motoring convictions in the last 5 years or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)? Yes No iii any previous accidents, losses or thefts in the last 3 years? Yes No iv any criminal convictions (or been charged with a criminal offence but not yet tried)?</pre>	 i any physical or mental defect, impairment of sight/hearing diabetes or epilepsy? Yes No ii any motoring convictions in the last 5 years or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)? Yes No iii any previous accidents, losses or thefts in the last 3 years? Yes No iv any criminal convictions (or been charged with a criminal offence but not yet tried)?

3 Details of Vehicle and Use

Ma	ake	Model	f	Does the Policyholder own or have the use of more than one vehicle?
				Yes No
Cı	ubic Capacity	Colour		If yes to questions d , e or f , give details, including Policy No and name of Insurers of other vehicles.
Re	gistration Number	Year		
а	What is the present mileage of	the car?		
	What is the annual mileage?		g	Is the Policyholder the owner and registered keeper?
	Estimate of Current Value			Yes No
b	State the exact reason for the j	ourney		If no , state name and address or Owner/Registered Keeper Owner's Insurers and Policy/Certificate No
с	Travelling from		1	
		to	h	Is the Policyholder the main user of this vehicle?
d	Has the vehicle been modified/	altered? Yes No		Yes No
е	Was the vehicle being used in Policyholder or Driver?	connection with the occupation of the	9	If no , give details
		Yes No		

4 Details of Vehicle as yet unrecovered

а	Date of Purchase (dd/mm/yyyy)		с	Name and address from where vehicle was purchased	
	Price paid	Estimate of current value			
b	Condition of vehicle prior to theft		d	Any distinguishing marks?	

Details of Vehicle Recovery (if recovered)

а	Date recovered (dd/mm/yyyy) Time		Any other relevant information - including how the recovery was brought to your attention
b	Where was the vehicle found?		
с	Who found it? Had the vehicle been involved in an accident?	e f	Is the vehicle driveable? Yes No Extent of damage: None Minor Extensive Beyond Repair Brief details of damage
d	Yes No		Location of vehicle rehicle is damaged beyond repair we may move it to safe storage - base remove your personal effects.
6	Circumstances of Theft		
а	Vehicle last seen	j	Date and Time of report to Police
	Date (dd/mm/yyyy) Time		Date (dd/mm/yyyy) Time
b	Exact Location	k	Police/Crime Reference No allocated to theft
~	Date (dd/mm/yyyy) Time	l m	Has any person(s) been apprehended? Yes No Do you or the Police know or suspect who was responsible?

Was the vehicle locked?	Yes	No	
Were the windows/openings closed?	Yes	No	
Was the ignition key removed?	Yes	No	n How regularly is

Yes

No

If the vehicle fitted with an alarm/immobiliser - was it activated? f

Details of any other anti-theft precautions g

Exact Location

С

d

е

h Was the steering lock set and in operation? Yes No i Police Station to which the theft was reported

n	How regularly is the vehicle parked at this location?
ο	Where were the keys at the time of the theft?
р	What were the circumstances leading up to

Yes

No

What were the circumstances leading up to

If yes to questions I or m, please give details

i Leaving the vehicle?

ii On discovery of loss?

Loss or Damage to Property

Description of article (e.g. make/model)	Owner	Where was article left in vehicle?	Date purchased (dd/mm/yyyy)	Amount paid	Amount claimed

8 Details of Fire

a	Date (dd/mm/yyyy)	Time		c d	Was there ignition, i.e. any flames? Circumstances of the fire	Yes	No
	Place						
b	Were Fire Brigade in attendance?	? Yes	No	е	Last date of service/repairs (dd/mm/yyyy)		
	If yes , give name of Fire Station						

9 Please enclose the following

A copy of the whole of the policyholder's and person in charge of the vehicle's driving licence. If the vehicle is unrecovered/recovered seriously damaged, please enclose in addition:

а	Vehicle Registration Document	Yes	No	
b	Purchase Documents	Yes	No	
с	MOT Certificate (if applicable)	Yes	No	
d	Service Receipts	Yes	No	
е	Repair/Maintenance Receipts	Yes	No	
f	Copy of H.P. or other finance agreement form	Yes	No	
g	A recent photograph of the vehicle	Yes	No	
h	All sets of keys	Yes	No	

I declare that to the best of my knowledge and belief the details given are true. I understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. If the vehicle is beyond repair I authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give consents as may be considered necessary for the disposal of such claims and litigation arising. I authorise the release of my DVLA records. I understand you may seek information from other Insurers to check the answers I have provided.

Insurers pass information to the claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to 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. We will pass information relating to this incident to the registers.

Signed (Policyholder)	Signed	(Policyho	lder)
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Signed (Driver)

Date (dd/mm/yyyy)

An explanation must be provided below for each item not enclosed



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