

## MOTOR THEFT CLAIM FORM

This information provided is to enable the Company and its Solicitors to advise on and to conduct any legal proceedings which may ensue

Name of Insured

Address

Occupation  Telephone

Policy No  Date of Payment of last premium

### PARTICULAR OF VEHICLE

Make	Year of Manufacture	H.P. or C.C.	Registration Number	Purpose for which the vehicle was being used at the time it was stolen
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CIRCUMSTANCES

Where did the loss occur?

On what date and what hour did loss occur?

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

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

Was the vehicle locked?

State Circumstances under which the loss occurred

Mileage reading at time of 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 on the same vehicle?

Description	Price Paid	For Whom Purchased	When Purchased	Amount Claimed (Allowed for age, wear, tear and salvage)

**IF VEHICLE NOT RECOVERED** Please complete the followings I forwarded the, Registration document (if any)

Engine No  Chassis or Frame No  Types of body

Color 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

**IF VEHICLE RECOVERED** Please complete the followings

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 REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITH 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 the 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 rights to recover under the Policy shall be absolutely fortified.

Signature of Insured

Witness

Date

Witness