



# Motor Theft Claim Form

- The issue of this form is not an admission of a claim.
- Insurers maintain a motor insurance anti fraud and theft register and exchange information with each other to prevent fraudulent claims
- Any claim under the policy may affect the no claims discount *if applicable*
- All claims are investigated. Certain cases may be referred to our specialist claims investigation unit.

## Section 1 *all cases*

*Insured*

Policy Number	<input type="text"/>	Date of Theft	<input type="text"/>
Vehicle Registration	<input type="text"/>	Company Code <i>Fleet only</i>	<input type="text"/>
Full Name	<input type="text" value="Mr/Mrs/Miss/Ms/title"/>		
Present Address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>		
Telephone number	<input type="text" value="Home"/>	<input type="text" value="Business"/>	
Date of Birth	<input type="text"/>		
Is a full driving licence held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes' date driving test passed <input type="text"/>
Occupation (s)	<input type="text" value="Full time"/>	<input type="text" value="Part time"/>	
Is the insured registered to VAT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the vehicle owner registered for VAT? Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any previous accidents or Losses sustained in connection with a motor vehicle. If None state none	Date <input type="text"/>	Circumstances <input type="text"/>	
Details of all motoring convictions <i>Including fixed penalties and any pending prosecutions.</i> If none state none	Date of conviction <input type="text"/>	Offence/offence code <input type="text"/>	Sentence/fine <input type="text"/>
Details of <b>all</b> other criminal convictions involving fraud or dishonesty e.g. <i>shoplifting, arson</i> If none state none	<input type="text"/> <input type="text"/>		
Was the person in charge of the vehicle at the time of the theft the insured?	If 'Yes' please go straight to Section 3 <input type="checkbox"/>		If 'No' please complete Section 2 and then go to Section 3 <input type="checkbox"/>

## Section 2

Person LAST in charge of vehicle

Full Name

Mr/Mrs/Miss/Ms/title

Present Address

Postcode

Telephone number

Home

Business

Date of Birth

Occupation(s)

Full time

Part time

Details of any previous accidents or Losses sustained in connection with a motor vehicle.

If None state none

Date

Circumstances

Details of all motoring convictions *Including fixed penalties* and any pending prosecutions.

If none state none

Date of conviction

Offence/offence code

Sentence/fine

Details of **all** other criminal convictions involving fraud or dishonesty e.g. *shoplifting, arson*

If none state none

How often does this person use the vehicle?

daily

weekly

monthly

other

please state

What is the person's relationship to the insured? e.g. *employee, son, daughter etc*

Does this person have insurance of their own?

Yes

No

If 'Yes' please give Name of insurer

Policy number

Is a full driving licence held?

Yes

No

if 'Yes' date driving test passed

**Section 3** All cases

Vehicle

Make

Model

Colour

GVW *commercial vehicles only*

Cubic Capacity

Engine number

Chassis/VIN number

Year of Manufacture

Mileage at date of theft

Since acquiring the vehicle, have  
You obtained any additional or  
replacement keys?

Yes  No  If 'yes' please give details/dates

  

State condition of vehicle prior to  
Theft and any fact material to its value

  

Please give details of when and from  
whom the vehicle was purchased

  

How much did you pay?

Method of payment

*e.g. cash, building society cheque etc*

Please give your estimate of value  
at the time of theft

Is the Insured the legal owner  
of the vehicle *and/or trailer*?

Yes  No

If, no please explain why and  
give name and address  
of legal owner

What documents did you receive  
when you purchased the vehicle?  
*e.g. VRD, MOT, receipt, etc*

How many sets of keys did you  
receive when you purchased the  
vehicle?

Please give details of any  
alternations/modifications  
made to the vehicle

**Section 4** *All cases*

Theft

Date of theft  Approximate time of theft  am/pm

Exact location where theft occurred

When was vehicle last seen?  By whom was theft discovered?

When was theft discovered?

Was the vehicle being used for business or pleasure? Business  Pleasure

For what specific purpose was the vehicle being used?

How regularly is the vehicle parked at this location?

Were the police informed? Yes  No  If 'Yes' please give date, police station, police officer and reference *if known*

How and by whom were the police advised? *e.g. by telephone*

Do you or the police know or suspect who was responsible? Yes  No  If 'Yes' give details

Please state the circumstances as fully as possible *continue on a separate sheet if necessary*

Was the vehicle inside a locked garage? Yes  No  Were all vehicle doors locked and windows securely closed? Yes  No

Where were the keys at the time of the theft?  What precautions were taken to prevent the theft? *e.g. alarm, wheelclamp*

Is the vehicle fitted with any anti-theft devices? Yes  No  If 'Yes' give details

Were these in use? Yes  No  not applicable

If 'no' explain why


Please give details of any contents/personal belongings stolen *please supply receipts*

Description of article	Owner	Where was article	Age of item	Original cost	Replacement
				£	£
				£	£
				£	£
				£	£

Is there any other insurances in force on the property? e.g. household/travel Yes  No  If 'Yes' please give name of insurers


Policy Number

--

Has your vehicle been recovered? If 'no' go straight to Section 6 no  If 'yes' complete Section 5 then Go to Section 6 Yes

Where were the keys at the time of the theft?

--

What precautions were taken to prevent the theft? e.g. alarm, wheelclamp

--

Is the vehicle fitted with any anti-theft devices?

Yes  No  If 'Yes' give details

--

Were these in use? Yes  No  not applicable

If 'no' explain why


Please give details of any contents/personal belongings stolen *please supply receipts*

Description of article	Owner	Where was article	Age of item	Original cost	Replacement
				£	£
				£	£
				£	£
				£	£

Is there any other insurances in force on the property? e.g. household/travel Yes  No  If 'Yes' please give name of insurers


Policy Number

--

Has your vehicle been recovered? If 'no' go straight to Section 6 no  If 'yes' complete Section 5 then Go to Section 6 Yes

**Section 5** If your claim relates to damage to the vehicle, please supply the following information

Damaged/recovered vehicles

Please give full details of how, where and by whom the vehicle was recovered


Were the police informed of the recovery of the vehicle?

YES  NO  If 'yes' please give date, police station, police officer and reference number *if known*


How and by whom were the police informed eg by telephone


Is your vehicle mobile?

YES  NO  What is its current location? Give name, address and telephone number of garage if applicable


Details of theft damage caused to the vehicle and its accessories

--

Repair estimate attached?

YES  NO

In the event of your vehicle being uneconomical to repair, may we move it to a place of free storage in order to minimise storage charges?

YES  NO

**Section 6** Seriously damaged/unrecovered vehicles

If your vehicle has not been recovered or if it has been recovered and is seriously damaged, please complete this section and forward the originals of the documents requested. If you are in doubt as to the extent of the damage, please supply the documentation. **If any documents are unavailable, duplicates must be obtained. An explanation must be provided for each original item enclosed**

	Enclosed	Not Available	To Follow	Explanation
Vehicle Registration document V5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Purchase documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MOT Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable <input type="checkbox"/> <input type="text"/>
Service book or full details of all servicing carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Details with receipts of all Maintenance/ repair work carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Your copy of the hire purchase or other finance agreement form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
If available, a photograph of the vehicle with date it was taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All relevant keys indicate how many	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of the whole of the insured's driving licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of the whole of driving licence of person in charge of the vehicle at the time of the theft if different from above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**Declaration**

I/We declare that the details given on the claim form are true and complete to the best of my/our knowledge and belief. I/We understand that if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit, all benefit under the policy shall be forfeited and criminal proceedings may ensue.

**Signed**

**Date**

**Position with company**  
if appropriate

**Please return completed form to...**

**Jersey** - 1<sup>st</sup> Floor, Kingsgate House, 55 Esplanade,  
St Helier Jersey JE1 4HQ  
Fax 01534 835386 claims only  
web form November 06

**Guernsey** – Lancaster Court, Forest Lane, St Peter Port  
Guernsey GY1 1WJ  
Fax 01481 730915 claims only