

# **MOTOR THEFT REPORT**

Please answer all questions on both pages as fully as possible and return to your broker,

<b>Policyholder</b>		
Full Name	Policy Number	
Occupation	Date of Birth	
Address		
Post Code	Private Tel No	Daytime Tel No/Contact
Are you VAT registered?	<input type="checkbox"/>	If YES, what percentage can you recover? <input type="checkbox"/>

<b>Driver</b>		
Full Name		
Occupation	Date of Birth	
Address		
Post Code	Private Tel. No.	
Is driver employed by you?	<input type="checkbox"/>	Was the vehicle driven with your permission? <input type="checkbox"/>
Has the driver had any conviction (Including fixed penalty offences) in connection with any motor vehicle?		<input type="checkbox"/>
If YES, please attach full details and dates.		
Has the driver/person in charge ever been refused motor vehicle insurance?		<input type="checkbox"/>
If YES, please give details and dates.		
Type of driving licence held.	PCV/HGV/Full/Provisional	Date appropriate licence issued.

<b>Vehicle</b>		
Make and Model	Year	cc
Reg. No	Date of first registration	
Chassis No.	Vehicle identification No	
Owners name and address		
Finance Company name, address and agreement no.		
Describe fully the purpose for which the vehicle was being used		

<b>Theft</b>			
Date	Time	am/pm	Place
Police Recording Information	a) Name of force	b) Officers number	
c) Crime reference number			
How did the thieves gain access to the vehicle?			
Are the keys still in your possession?			
<b>Vehicle Recovered (If the vehicle was stolen and then recovered please provide full details)</b>			
Date Recovered	Time Recovered	Location	
Who found the vehicle?			
How had the thieves made entry to the vehicle?			

**Description of theft** (Continue on a separate sheet if necessary)

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**Witnesses** (Continue on separate sheet if necessary)

Name and address

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**Data Protection** Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Limited (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 check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

**Declaration** I declare that these particulars are true to the best of my knowledge (in the case of joint policyholders, both should sign) I/we understand that you may ask IDS ltd or ABI for information they have received from other insurers to check the answers I/we have provided.

Signature(s)

Date

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