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| **INSURED****VEHICLE** | **(PLEASE ANSWER EVERY QUESITION)**Claim No. Policy No. …………….. Renewal Date …………..Name ………….Business/Occupation (if more than one, state all)Address Private Tel. No.  Business Tel. No. Make Model Reg. No. HP/CC Year of Make Chassis No Engine No. Type of Body Colour Date vehicle first registered (from Log Book) Date of last service By whom Mileage at time of loss Marks and other special feature to help establish identity Date of purchase Purchase price Estimated value at time of loss Name and Address of Owner Is Vehicle subject to a Hire Purchase Agreement? State name and address of Finance Co.  |

**MOTOR VEHICLE THEFT CLAIM FORM**

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| **PERSON IN CHARGE****CIRCUMSTANCES OF LOSS****POLICE REPORT****IF VEHICLE AND/OR ACCESSORIES RECOVERED** |  Name.................................................................................................................................................................................Address .....Occupation Date of Birth For what purpose was the vehicle being used? .....................................................................................................................................................................................Was the vehicle being used with you permission?................................................................................................................Date Time **OF LOSS**Place How long had the vehicle been unattended? Were all the vehicle doors locked? How was the vehicle otherwise immobilised? State fully what happened…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….Do your suspicions rest upon anyone and if so on whom?.. .................................Police Station to which loss was reported……………………………………………………………………Date and time of report ……………………………………………………………………………………..Police “Criminal Report” No. ………………………………………………………………………………..Date recovered ……………………………………….Time………………………………………………….Where found …………………………………………………………………………………………………..Nature of damage (please forward estimate for repairs)………………………………….…………………..…………………………………………………………………………………………………………………..………………………………………………………………………………………………………………….Where is the vehicle now lying and in whose charge?.....................................................................................…………………………………………………………………………………………………………………Are there any other insurance in force upon the vehicle?..................................................................................If so, please supply details ……………………………………………………………………………………………………………………………………………………………………………………………………..N.B WHERE RETURNING THIS FORM PLEASE ENCLOSE THE LOG-BOOK I Declare that these particulars are true and correct.Date……………………………………….Signature Insured……………………………………… |