

Noyce Insurance Solutions Ltd

Tel: 02380 622190 : Fax: 02380 652476

www.noyceinsurance.co.uk

MOTOR VEHICLE THEFT CLAIM FORM

POLICY HOLDER		
Name		Policy/Certificate No.
Address		
Postcode	Occupation	Daytime Phone No
Are you registered under the VAT regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES , please give details

DRIVER (or person in charge of vehicle)			
Name (Mr/Mrs/Miss)		Tel No. Home	Office
Permanent Address			
Nationality	Age	Occupation	
How long employed by you?		Current Licence No. (State if provisional)	
Date of First Full Licence	Is the driver the main user?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO , give proportion of use
If <i>not the Policyholder</i> , did the driver have the Policyholder's permission to drive?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Has driver:-			
1. been concerned in any accident or loss during past three years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. ever been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. ever been declined or refused renewal for vehicle insurance?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. any physical defect, infirmity or impairment of sight or hearing?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If answer to question 1,2,3 or 4 is YES , give details			

INSURED VEHICLE			
Make	Model	C.C.	Reg. No
Year of Manufacture	Name of H.P. Company or Finance House interested (if any)		
Chassis No.	Engine No.	Type of Body	Colour
Date Vehicle first registered		Mileage at time of loss	
Marks/damage and other special features to help establish identity			
Detail any major parts which have been renewed in the last 12 months (<i>attaching invoices where possible</i>)			
List 'extras'			
Date of Purchase	Purchase Price (please attach purchase invoice)		£
Estimated value at time of loss			£

CIRCUMSTANCES (of loss)	
Purpose for which vehicle was being used	
Place of goods being carried	
Place and circumstances of loss	
Date/Time vehicle was left	Date/Time loss discovered
Detail how vehicle was secured	
Police Station to which loss was reported	
Date/Time of Report	
Police Incident/Report No. (Crime Reference number)	

PROPERTY STOLEN (from vehicle)					
Full description of articles lost, stolen or damaged	If the property stolen is not your own, give name(s) or owner(s)	Date purchased or acquired	Net Cost Price	Deduction for age, use or wear & tear	Sum Claimed

Are there any other insurance in force upon the vehicle or the property stolen or damaged

YES

NO

If **YES**, please supply details

--

RECOVERY *(of vehicle and/or any accessories)*

Date recovered

Time

Where found

If damaged give details and forward estimate for repairs

Where is the vehicle now lying and in whose charge?

INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND TO DECIDE WHETHER TO ACCEPT YOUR PROPOSAL AND, IF SO, ON WHAT TERMS VIA THE CLAIMS AND UNDERWRITING EXCHANGE REGISTER, OPERATED BY INSURANCE DATABASE SERVICES LTD. A LIST OF PARTICIPANTS IS AVAILABLE ON REQUEST. THE INFORMATION YOU SUPPLY ON THIS FORM, TOGETHER WITH THE INFORMATION YOU HAVE SUPPLIED ON YOUR APPLICATION FORM AND OTHER INFORMATION RELATING TO THIS CLAIM, WILL BE PROVIDED TO PARTICIPANTS.

I DECLARE that these particulars are true and correct. I/We understand that you may seek information from other insurers to check the answers I/We have provided.

Signature of Insured	Date
Name	