

## Noyce Insurance Solutions Ltd

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# MOTOR VEHICLE THEFT CLAIM FORM

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

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





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

Are there any other insurance in force upon the vehicle or the property stolen or damaged **YES**  **NO**

If **YES**, please supply details

<b>RECOVERY</b> ( <i>of vehicle and/or any accessories</i> )	
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.**

<b>Signature of Insured</b>	<b>Date</b>
<b>Name</b>	