

## Noyce Insurance Solutions Ltd

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## 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			NO	If <b>YES</b> , please give details				
DRIVER (or person in ch	arge	of vehicle)						
Name (Mr/Mrs/Miss)			Tel No. H	el No. Home Office				
Permanent Address								
Nationality Age		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?		YES	NO	If <b>NO</b>	<b>)</b> , give p	roportio	on of
If not the Policyholder, did the driver have the Policyholder's permission to YES NO drive?								
Has driver:-								
1. been concerned in any accident or loss during past three years?  YES  NO								
2. ever been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle?								
3. ever been declined or refused renewal for vehicle insurance? YES NO								
4. any physical defect, infirmity or impairment of sight or hearing? YES NO								
If answer to question 1,2,3 or 4 is <b>YES</b> , give details								





INSURED VEHICLE						
Make		Model		C.C.	Reg. No	
Year of Manufacture	Name of H.P. Compar		any or Finance House interested (if any)			
Chassis No.	Engin	e 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 (attaching invoices where possible)						
List 'extras'						
Date of Purchase		Purchase Price (please attach purchase invoice)		£		
Estimated value at time 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  If <b>YES</b> , please supply details							
ii <b>1ES</b> , piease supply det	alis						
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?							
where is the vehicle now	iying and in whose cha	arge?					



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 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	
Turne .	