



**Motor Theft
Claim Form**

**Agricultural
Commercial
& Private
Vehicles**



Guidance Notes

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

IMPORTANT: PLEASE READ CAREFULLY Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to your Insurance Broker, who arranged this insurance for you. They will forward it to Towergate AIUA.

INSURANCE BROKER DETAILS			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

To be completed by the claimant

If you are unable to complete this form personally, it may be completed on your behalf.

Policy No.	<input type="text"/>	Policyholders Name	<input type="text"/>
Insured Person's full name (including any titles)	<input type="text"/>		
Date of Birth	<input type="text"/>	Occupation(s)	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>

VEHICLE DETAILS

Vehicle Make	<input type="text"/>	Model	<input type="text"/>
Registration No.	<input type="text"/>	Year of manufacture	<input type="text"/>
Value	£ <input type="text"/>	Mileage of the vehicle	<input type="text"/>
Name of Registered Keeper displayed on the V5 Documents	<input type="text"/>	Name of any finance or Leasing Co.	<input type="text"/>
If claiming in respect of a Trailer/Attachment please advise whether at the time of the incident the item was attached or detached and out of use.			<input type="text"/>
If attached, please confirm the registration of the vehicle it was attached to.			<input type="text"/>
Please advise of any factory fitted extra's or vehicle enhancements	<input type="text"/>		

Person In Charge Details

Name of person in charge of vehicle at the time of theft		Address			
Is this the usual residence for this vehicle?	YES / NO <i>(delete as applicable)</i>	If 'NO' please provide the usual address			
Tel. No.		Mobile No.		Date of Birth	
Date UK driving test passed		Categories entitled to drive			
Details of accidents in the last 3 years					

Is this driver the main user of the vehicle?	YES	NO
Details of all motoring convictions		
Was vehicle being used with insured's permission?	YES	NO
Was the driver an employee of the insured?	YES	NO
What is the primary use for this vehicle?		

Theft Details

Date of Theft		Time of Theft	
Exact Location of theft			
Was the vehicle in a locked building?	YES	NO	
Was the vehicle locked?	YES	NO	
Was the vehicle fitted with an alarm/immobiliser?	YES	NO	
Was this activated at the time of theft?	YES	NO	
If an ATV, how was it secured?			
When was the vehicle last seen and checked?	DD/MM/YYYY	AM/PM	
Where were the keys for the vehicle at the time of the theft?			
When were the police notified?		Crime Reference No.	
Please give details of the police station and name of attending officer			

If your vehicle should be recovered once we have been notified of this theft, please advise us immediately. (If your vehicle has already been recovered, please complete questions on the following page.)

State the date the vehicle was recovered?	
By whom was the vehicle recovered?	
Location of the vehicle now?	
Is the vehicle incurring storage charges?	

RECOVERED VEHICLE DAMAGE DETAILS	
Description of damage	
Is the vehicle drivable?	
Please support these statements with an estimate for repair	

PLEASE COMPLETE THIS SECTION IF THE CLAIM IS FOR AUDIO EQUIPMENT ONLY.					
Was this fitted as standard to the vehicle?				YES	NO
Make		Model		Serial No	

Value Added Tax (Legal/ Professional Representation).

Are you VAT registered? YES NO

Can you recover 100% VAT for this claim ? YES NO

If not, what percentage can you recover %

Please read these notes carefully and complete the questions as appropriate

- a It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax.
- b These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- c If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- d We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (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 to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an 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/We understand that in handling this claim, Towergate AIUA (a trading name of Towergate Underwriting Group Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing

Signed Date

Towergate AIUA, 8 Grove Park Court, Harrogate, North Yorkshire, HG1 4DP, tel: **01423 524185** fax: **01423 505831**, email **aiua@towergate.co.uk** **www.towergateunderwriting.co.uk**

Towergate AIUA & Towergate Underwriting are a trading name of Towergate Underwriting Group Limited

Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN

Registered in England No. 4043759

Authorised and regulated by the Financial Services Authority



Should your claim result in a payment being made, and you would prefer this to be paid by BACS rather than cheque, please complete the details below.

IMPORTANT NOTICE TO ALL CLAIMANTS

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly in to your bank account using Bank Automated Clearing Services (BACS).

In order to do this the company will need your bank account details so please complete the form below (Block Capitals please).

Name of Bank	
Branch	
Sort Code	
Account No.	
Account Name	

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