



Underwriters Limited

motor vehicle theft report form

1. POLICYHOLDER

Name	Where the policy covers damage/loss of the vehicle, please complete the following
Address	Is the vehicle owner Registered for VAT purposes? YES/NO
Postal Code	If YES state if the VAT included in the cost of repairing or replacing the vehicle can be recovered.
Occupation	a) Completely b) Partially % c) Not at all (delete as necessary)
Telephone No. Home Business	Are you the actual owner of the insured car? YES/NO
Driving Licence No.	If NO who is?
Date of Birth	

2. Policy/Certificate Number	Broker or Agent	Renewal Date
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3. VEHICLE

Please state exact specification e.g. Manual/Automatic RH/LH Drive GT. GTL. XL. Super etc, Saloon/Coupe/Sports/Estate/Hatch:2/3/4/5 Door

Make and Model	Registration No
Year Engine Capacity C.C:	Petrol/Diesel Detail of trailer (if any)

4. PERSON IN CHARGE OF THE VEHICLE

Name	Date of Birth	Licence No.
Address		
Occupation		
If your permanent Driver, how long has he been in your employ?		
Has he/she in his/her own name, a Motor Insurance Policy? YES/NO If so please state name of Insurers and the Policy Number		
Has he/she any physical infirmity, or defective vision or hearing, or lost a limb or an eye? YES/NO If so give details		
Since when has he/she been licensed to drive?		Date test passed
Has he/she been convicted of any motoring offences? YES/NO If so give details		
Last use of vehicle prior to incident		

5. THE OCCURRENCE

Date of Theft	Time	(a.m./p.m.)
Place: Street or Road	Town	County
To which Police Station was the Theft reported?		
When was the Theft reported to the Police?	Date	Time (a.m./p.m.) Crime Book Ref.
By whom was the Theft discovered?		
Was the vehicle locked and the ignition key removed prior to the Theft?		YES/NO
State the circumstances in which the Theft occurred		
Has the vehicle recently been offered for sale YES/NO		

6. IF THE VEHICLE HAS BEEN FOUND AND HAS SUSTAINED DAMAGE (please complete the following)

Where was the vehicle found?

Was the vehicle found by Police? YES/NO If NO, by whom, please state their Name and Address

Have Police charged any person(s) in connection with the theft? YES/NO If YES, state the name and address of person

Details of Damage

Where may our Engineer inspect the vehicle?

Is the vehicle there now? YES/NO

7. IF THE VEHICLE HAS NOT YET BEEN RECOVERED

Please give the following information and submit purchase invoice and Registration Document or Photocopies and current M.O.T. Test Certificate

Date the vehicle was purchased	Price Paid	Present Value
From whom purchased		
Chassis number (this is quoted in the registration document)		
Total Mileage at the time of the Theft		
When was the vehicle last serviced?	Date:	Mileage (attach accounts if possible)
Mileage of the vehicle in the last 12 months:	Business	Personal
When were tyres last purchased for the vehicle?	O/S/F	N/S/F O/S/R N/S/R (attach accounts if possible)
Details extras fitted to the vehicle and state value and purchase price		
Any recent expenditure on the vehicle apart from servicing and tyres details above (attach accounts if possible)		
Is the vehicle subject to any hire purchase agreement? YES/NO If Yes State:		
Name of Company		
Address of Company		
Agreement Number		

8. IF ANY PROPERTY HAS BEEN STOLEN FROM OR WITH YOUR PRIVATE CAR

Please complete the following even if the property is not insured (N.B. Not all motor policies cover such property)

Description of Property Lost or Damaged	Are you the Owner of the property? If not, state Owners Name	Date of Purchase	Amount Paid	Value before Theft (allowing for wear tear and depreciation)
Total				

Is the property for which you are claiming covered under any other policy? YES/NO

If YES state name and address of Company and Policy Number

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd. (IDSL Ltd.), the Hunter database run by MCL Ltd. and the Motor Insurance Anti-Fraud Register, run by the Association of British Insurers (ABI). The aim is to help us 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. When you tell us about an incident, we will pass information relating to it to the registers.

I/We understand that you may ask for information from other insurers to check the answers I/We have provided.
I/We declare that the information given in this form is true and correct to the best of my/our knowledge and belief.

Policyholders Signature _____ Date _____

(If the Policy is in the name of a firm, this form must be signed by a partner, officer, or director and rubber stamped).