Please ensure the claim form is completed in full to prevent delays in settlement of your claim

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| **Policyholder details** | | | | | | |
| Policyholder name: | | | | | | |
| Contact number: | | | | | | |
| Address of insured: | | | | | | |
| Policy number: | | | Are you VAT registered: | | | |
| **Last driver/person in charge** | | | | | | |
| Name: | | | Date of Birth: Click here to enter a date. | | | |
| Address: | | | | | | |
| Occupation: | | | Daytime contact number: | | | |
| Has the driver/person in charge have any current driving convictions (including fixed penalty offences) in the last 5 years:  If ‘Yes’, please list convictions, dates and any fines: | | | | | | |
| Any driving bans in the last 5 years: | | | | | | |
| Any criminal convictions:  If ‘Yes’, please list convictions, dates and any fines: | | | | | | |
| Full UK licence: | | Date passed driving test: Click here to enter a date. | | | | |
| Any disabilities: | | | | | | |
| When and where was the vehicle last seen and by whom: | | | | | | |
| Is the person employed by you:  If ‘Yes’ for how long: | | | | | | |
| Was the vehicle driven with your permission: | | | | | | |
| Has the driver/person in charge ever been refused motor insurance: | | | | | | |
| **Theft/Attempted theft details** | | | | | | |
| Date(s) and times between:       and | | | | | | |
| Was the ignition key removed: | | | | | | |
| Do you have any spare keys: | | | | | | |
| Any sign of forced entry:  If ‘Yes’, please state: | | | | | | |
| What precautions against theft were taken: | | | | | | |
| Was vehicle fitted with a security device:  If ‘Yes’ what type: | | | | | | |
| Precise location of vehicle when stolen: | | | | | | |
| To which police station was the theft reported: | | | | | | |
| Date and time of report: | | | | | | Crime reference: |
| State fully what happened: | | | | | | |
| **Vehicle details** | | | | | | |
| Reg no: | Make & Model: | | | | | |
| Date of first registration: | | | | | Speedometer reading: | |
| Owner’s name and address: | | | | | | |
| Describe fully the purpose for which the vehicle was being used: | | | | | | |
| Date of purchase: Click here to enter a date. | | | | Purchase price: | | |
| Is there any finance on the vehicle:  If ‘Yes’, please provide finance company name, address and agreement no: | | | | | | |
| Is there any other insurance on the vehicle:  If ‘Yes’ please give insurer’s name and policy number: | | | | | | |

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| **Vehicle found damaged** | | | |
| Date found: Click here to enter a date. | | | |
| Where found: | | | |
| Brief description of damage: | | | |
| Repairers name, address and contact no: | | | |
| Is the vehicle at the repairers:  Address where vehicle can be seen if not at repairers: | | | |
| Do you own the vehicle: | | | |
| **Other articles stolen or damaged** (please attach available purchase receipts) | | | |
| **Full description** | **When and from whom obtained** | **Cost price** | **Sum claimed after deduction for wear & tear** |
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| Are all items owned by you: | |
| Are there any other insurers of any of these articles? If so, please give name and policy number: | |
| **Declaration** | |
| Insert name: | Date:Click here to enter a date. |
| Position: | |