

IMPORTANT NOTE Please complete every question. Failure to complete all areas may result in a delay in dealing with this claim.

For office use

Policyholder _____

Accident date _____

Are you registered with H.M. Customs & Excise as a taxable person for VAT? _____ If yes, what percentage can you recover _____

Vehicle

Registration _____ Make/model _____ Doors _____

Date on fleet _____ Colour _____ Year of manufacture _____ Current value _____

Is the vehicle leased? Yes No Is there any outstanding H.P./Financial Interest? Yes No

If yes provide details below* If yes provide details below*

Is the vehicle still in use? Yes No Was the vehicle towed to a garage? Yes No

Where can the vehicle be seen? _____ *Lease/H.P./Finance Co. details _____

If repairs will not be economic we may wish to move the vehicle to safe and free storage. We should appreciate your permission to do this. If you decline you could become liable for any additional charges which are then incurred. **May we move the salvage?** Yes No

Use

State reason for journey (private is not sufficient) _____

Travelling from _____ to _____

Was the vehicle being used for business? Yes No

If yes, give details of goods/samples carried and weight of load _____

If a person other than the Insured was driving, was it with your permission? Yes No

Driver/or last person in charge of vehicle (even if vehicle was parked and left unattended) THIS SECTION MUST BE ANSWERED

Name _____ Date of Birth _____ Age _____

Driving licence (full/provisional) _____

Date test passed _____

Is Driver main user?

Has driver (a) Ever been convicted or is prosecution pending? Yes No

(b) Been involved in any accident or made any claim in the last 3 years? Yes No

(c) Ever been refused insurance, had a policy cancelled, renewal declined or special terms imposed? Yes No

(d) Any mental or physical infirmity? Yes No

Disabilities _____

Details of convictions _____

Accident/theft details _____

Circumstances of theft

Vehicle last seen Date _____ Time _____ Exact location _____

Loss discovered Date _____ Time _____ Exact location _____

Was the vehicle locked Yes No Were the windows/openings closed Yes No

Was the ignition key removed Yes No

If fitted, was alarm/immobiliser activated? Yes No Was the steering lock set and in operation? Yes No

Details of any other anti-theft precautions _____

Police station to which the theft was reported _____ Date and time of report to police _____

Police/crime reference no. allocated to theft _____ If yes give details

Has any person(s) been apprehended Yes No

Do you or the police know or suspect who was responsible Yes No

How regularly is the vehicle parked at this location _____

Where were the keys at the time of the theft _____

What were the circumstances leading up to _____

Leaving the vehicle _____ On discovery of the loss _____

21/23 Little Broom Street, Camp Hill, BIRMINGHAM B12 0EU
Telephone : 0121 772 8599 Fax : 0121 773 1875

Theft Circumstances continued - If you need more space, please use a separate piece of paper and attach it to this form
If the vehicle has been recovered state damage if any

Who in your opinion was to blame _____

You are reminded that the Policy conditions require that every letter, writ, summons and process must be notified or forwarded to Rival Insurance Services Limited immediately on receipt. You must also tell us of any impending prosecution, inquest or fatal injury.

Do NOT attempt to deal with any Third Party claim yourself or make any offer or admission of liability.

Insurers pass information to various anti-fraud and theft registers. The aim is to help us check information provided and also to prevent fraudulent claims

I/WE NEREBY DECLARE that the above statements are true to the best of my/our knowledge and belief, and that the vehicle is not insured under any other policy.

I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Insured driver _____ **Date** _____