



Write to: **garagecover** • 17-21 Dicconson Street • Wigan • WN1 1RG
 Visit our website: www.garagecover.co.uk • Email us: info@garagecover.co.uk
 Call us on: 0845 224 6856

MOTOR THEFT REPORT FORM

Policy Number:

PLEASE ANSWER ALL QUESTIONS ON ALL PAGES AS FULLY AS POSSIBLE

Your Contact:

Your Claim No.:

POLICY HOLDER

Full Name

Branch

Occupation

Policy No.

Address

Date of Birth

Postcode

Telephone Number

Contact Name

Are you VAT registered?

YES/NO

If 'yes' what percentage can you recover?

 %

DRIVER/PERSON IN CHARGE

(Please forward a copy of licence)

Name and address of driver/person in charge at the time of theft

Occupation

Age

Is the person employed by you?

YES/NO

If 'yes' for how long?

 years months

Was the vehicle driven with your permission?

YES/NO

Has the driver/person in charge ever been refused motor vehicle insurance?

YES/NO

Has the driver/person in charge got any convictions (including Fixed Penalty Offenses) in connection with any other motor vehicle?

YES/NO

(If 'yes' please attach full details and dates)

Type of licence held: FULL OR PROVISIONAL

Date Licence passed

When and where was the vehicle last seen and by whom?

THEFT/ATTEMPTED THEFT

Date (s) and times between

and

Was the ignition key removed?

YES/NO



Were doors locked? YES/NO

Was boot locked? YES/NO

What precautions against theft were taken?

Was vehicle fitted with a security device? YES/NO Type:

Were those in full working order and set? YES/NO

Precise location where vehicle was stolen from

Do your suspicions rest on anyone? YES/NO

If 'yes' on whom?

To which police station was the theft reported?

Date and Time of report

State fully what happened (continue on a separate sheet if necessary)

VEHICLE

Make & Model Year cc

Colour Registration No.

Vehicle Identification No. (VIN)

Chassis No. Date of first registration

Speedometer reading Date licence expires

Owners name and address

Describe fully the purpose for which the vehicle was being used

From whom did you purchase the vehicle? (name and address)

Date of purchase Purchase price

Finance Company name & address Finance Company agreement no.

Is there any other insurance on the vehicle? YES/NO

If 'yes' please give insurers names and policy number



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VEHICLE FOUND DAMAGED

Date Found Where found

Brief description of the damage

Repairers name, address and telephone

Is the vehicle at the repairers? YES/NO

If 'no' when will it be taken in?

Address where the vehicle can be seen if not at repairers

If you are VAT registered may we authorise repairs on your behalf? YES/NO

Please note that if the vehicle is beyond economical repair we will arrange its protection by moving it to a place of secure storage, unless you indicate otherwise - tick box

OTHER ARTICLES STOLEN OR DAMAGED

(Please attach available purchase receipts and continue on a separate sheet if necessary)

Full description	When and from whom obtained (name and address)	Cost price	Sum claimed after deduction for age and wear and tear

Are all items owned by you? YES/NO

Are there any other insurers on any of these articles? YES/NO

If 'yes' please give insurers name and policy number:

Data Protection Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Service Limited (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. Your insurer will pass on information relating to this incident to the registers.

Declaration I declare that these particulars are true to the best of my knowledge (in the case of joint policyholders, both should sign). I understand that you may seek information from other insurers to check the answers I have provided and I authorise the giving of such information for such purposes. I/We understand that you may ask IDS Ltd or ABI for information they have received from other insurers to check the answers I/We have provided.

Signature (s) Date