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: |