

MOTOR VEHICLE-FIRE & THEFT CLAIM FORM

Please state as fully and as accurately as possible all information asked for below.

Name of Insured Occupation
 Address Telephone No
 Policy No

Motor Vehicle Make Model Year Registration No
 Engine No Colour Speedo Reading
 Any special distinguishing or marks

General Information Date of loss Time Place of occurrence
 If the vehicle was in use, state:-
 (a) Name and address of driver
 (b) Age of driver
 (c) Number, date and place of issue of driving licence
 (d) Is the driver in your employ?.....
 (e) If so, in what capacity?.....
 (f) Purpose for which car was being used
 (g) Nature of goods carried, if any
 (h) If vehicle is subject of an H.P. Agreement name company
 (i) Is the property lost or damaged insured with any other company?
 Please give a full account of circumstances surrounding loss:

In the event of FIRE please state Probable cause of fire
 Nature of damage caused:

 Names and addresses of any witness:

 If fire occurred in a garage or building, please give name and address of proprietor

In the event of THEFT please state (N.B. IT IS ESSENTIAL THAT POLICE BE INFORMED)
 Have the Police been notified? By whom?.....
 If so, state name of policeman and station
 Was the vehicle left securely locked?..... Are the keys still in your possession?.....
 Do you suspect any particular party?..... If so give details

 Has vehicle been recovered?..... By whom?.....
 What damage has it sustained?

 Where may vehicle be inspected?.....
 Have any instructions for repairs been given?
 Name of proposed repairers.....
 Estimated cost \$ PLEASE SEE OVERLEAF

