

**MOTOR THEFT REPORT FORM**

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| Please complete this form and return to Walmsleys Commercial Insurance Brokers, 17-21 Dicconson Street, Wigan WN1 1RG  Telephone 0345 467 7192 Fax 01942 765339 Email [iansage@wcib.co.uk](mailto:iansage@wcib.co.uk) |

Please note that if you have suffered a Theft or Malicious Damage loss, the incident must be reported to the Police as soon as possible.

We ask that you refer to your policy booklet and read carefully any terms, conditions or warranties that may apply to your claim.

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| **Policyholder** | | | | | | | | | | | | | | | | | |
| Business Name: |  | | | | | | | | Insurer: | | | |  | | | | |
| Occupation: |  | | | | | | | | Policy Number: | | | |  | | | | |
| Address: |  | | | | | | | | Date of Birth: | | | |  | | | | |
|  |  | | | | | | | | Daytime Telephone No: | | | |  | | | | |
|  |  | | | | | | | | Email Address: | | | |  | | | | |
| Postcode: |  | | | | | | | | Contact Name: | | | |  | | | | |
| Are you VAT registered? | | Yes/No | | | If ‘Yes, VAT Number? | | | |  | | | | What percentage can you recover? | | | | % |
| **Driver/Person in Charge of Vehicle** (Please forward a copy driving licence) | | | | | | | | | | | | | | | | | |
| Name & 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 being 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 any motoring convictions (including fixed penalty offences) or any outstanding motoring prosecutions? | | | | | | | | | | | | | | | | Yes / No | |
| If ‘Yes’, please give full details & dates: | | | | | | | | | | | | | | | | | |
| Type of licence held: | | | Full / Provisional | | | | | | | | Date of Licence: | | | | |  | |
| When & where was the vehicle last seen & by whom? | | | | | |  | | | | | | | | | | | |
| **Theft/ Attempted Theft Details** | | | | | | | | | | | | | | | | | |
| Date(s) & Times between: | | | |  | | | | | | | | and |  | | | | |
| Was the ignition key removed? | | | | | Yes / No | | | Were all the doors & boot locked? | | | | | | | | Yes / No | |
| What precautions against theft were in place? | | | | | |  | | | | | | | | | | | |
| Was the vehicle fitted with a security device? | | | | | | Yes / No | | State type: | | | |  | | | | | |
| Were all security devices in full working order and set? | | | | | | Yes / No | | | | | | | | | | | |
| Precise location of vehicle when stolen: | | | | |  | | | | | | | | | | | | |
| Do you suspect anyone of the theft? | | | | | Yes / No | | If ‘Yes’, who? | | |  | | | | | | | |
| Have the Police been notified? | | | | | Yes / No | | If ‘Yes’ please give Crime Reference No: | | | | | | |  | | | |
| Name & Address of Police Station: | | | | |  | | | | | | | | | | | | |
| Please state fully what happened (continue on separate sheet if necessary) | | | | | | | | | | | | | | | | | |

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| **Vehicle** | | | | | | | | | | | | | | | | | | | | | | |
| Make & Model |  | | | | | | | | | Year | |  | | | | CC |  | | Colour | |  | |
| Registration: |  | | | Chassis No: | | |  | | | | | Vehicle Identification No (VIN) | | | | | | |  | | | |
| Date of first registration: | |  | | | | | Speedometer Reading: | | | | | | |  | | | Date Licence Expires: | | |  | | |
| Owners Name & Address: | |  | | | | | | | | | | | | | | | | | | | | |
| Describe fully the purpose for which the vehicle was being used: | | | |  | | | | | | | | | | | | | | | | | | |
| From whom did you purchase the vehicle (Name & Address)? | | | |  | | | | | | | | | | | | | | | | | | |
| Date of purchase: | | | |  | | | | | | | | | | Purchase Price: | | | £ | | | | | |
| Finance Company Name, Address & Agreement No: | | | |  | | | | | | | | | | | | | | | | | | |
| Is there any other insurance on the vehicle? | | | | | | Yes / No | | If ‘Yes’ please give Insurer’s name & Policy No below | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Vehicle Found Damaged** | | | | | | | | | | | | | | | | | | | | | | |
| Date Found: |  | | | | | | Where Found: | | | |  | | | | | | | | | | | |
| Brief description of damage: | | |  | | | | | | | | | | | | | | | | | | | |
| Repairer’s Name, Address & Tel No: | | |  | | | | | | | | | | | | | | | | | | | |
| 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 repairer’s: | | |  | | | | | | | | | | | | | | | | | | | |
| **Other Articles Stolen or Damaged** (Please attach available purchase receipts and continue on separate sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | |
| Description of Item | | | | | Where and When Obtained | | | | | | | | | | Original Cost | | | Amount claimed after deduction for age/wear & tear | | | | |
|  | | | | |  | | | | | | | | | |  | | |  | | | | |
| Are all items owned by you? | | | | | Yes / No | | | | Are there any other insurers involved with any of these items? | | | | | | | | | | | | | Yes / No |
| If ‘Yes’ please give Insurer’s name & Policy No | | | | |  | | | | | | | | | | | | | | | | | |
| **This section must be read carefully and signed by the Insured or an authorised person acting on their behalf.** | | | | | | | | | | | | | | | | | | | | | | |
| **Notice** | | | | | | | | | | | | | | | | | | | | | | |
| If you are VAT registered, may we authorise repairs on your behalf? | | | | | | | | | | | | | | | | | | | | | | Yes / No |
| Please note that if the vehicle is beyond economic repair, we will arrange its protection by moving it to a place of secure storage - do you agree? | | | | | | | | | | | | | | | | | | | | | | Yes / No |
| **Data Protection** | | | | | | | | | | | | | | | | | | | | | | |
| Insurers pass information to the Claims and Underwriting Exchange Register, run by the 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 insurers 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) whether or not a claim is being made. Your insurer will pass information relating to this incident to the registers. | | | | | | | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | | |
| I/We declare that these particulars are true to the best of my/our knowledge. I/We understand that you may ask for information form other insurers to check the answers that I/we have provided and I/we 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.  (In the case of joint policyholders, both should sign)  Signature(s)……………………………………………………………………………………………………………………………………………………..Date…………………………………………………  Signature(s)……………………………………………………………………………………………………………………………………………………..Date………………………………………………… | | | | | | | | | | | | | | | | | | | | | | |