

Motor Vehicle-Fire and Theft Claim Form

Important Note

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

PLEASE USE BLOCK LETTERS

Policy No.:	
Name of insured:	Occupation:
Address:	
Tel No.:	

Motor Vehicles details

Make:	Model	Year:
Registration number:	Milage:	
Engine number:	Colour:	Milage:
Any other distinguishing marks:		

General information

Date of loss:	Place of occurrence:	Time:
If the vehicle was in use state:-		
Any other distinguishing marks:		
Name and address of driver:		
Age of driver:	Driver license No.:	
Place of issue:	Is the driver in your employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so in what capacity:		
Purpose for which vehicle was being used:		
Nature of goods carried, if any:		
Is vehicle is subject to HP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name company:	
Is the property lost or damaged insured with any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give a full account of circumstances surrounding loss:		

Fire (In the case of fire please state)

Possible cause of fire:	
Nature of damage caused:	
Name of any witness:	
Address of any witness:	
If the fire occurred in a garage, please state	Name of proprietor:
Address of proprietor:	

Theft (In the case of theft please state) It is essential that the Police be informed

Have the Police been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom?
If so state name of Policeman:	Station:
Was the vehicle securely locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the keys still in your possession? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you suspect any particular party? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes" give full details:	
Has vehicle been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom?
What damage has it sustained?	
Where may vehicle be inspected?	
Have any instructions for repair been given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of proposed repairers:
Estimated cost \$:	

