

Motor Theft Report Form (NI)

Dear Policyholder,

We have received your Notification. Please complete this form fully and return it to the Company as soon as possible.

Please note that the issue of this form is not an admission of liability on the part of the Company.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (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. We will pass information relating to this incident to the registers.

Personal Details

Policy Holder Name: _____

Policy No. _____

Address: _____

Postcode: _____

Business or Occupation _____
 (incl. part-time occupations)

Are you registered for VAT? Yes No

Phone No. Home: _____ Work: _____

Email: _____

Vehicle

Make: _____ Model: _____ Cubic Capacity: _____

Year of Manufacture: _____ Registration Number: _____

Date Purchased by Policy Holder: _____ Estimated Value at Time of Theft: £ _____

Mileage at Time of Theft: _____

Engine Type: Original Reconditioned

Were there any modifications done to the vehicle (this should include accessories)? Yes No

If 'Yes' Please Specify: _____

Can you attach full details of service history? _____

Is the vehicle the subject of a hire purchase or leasing agreement? Yes No

If 'Yes' state name and address of company: _____

Circumstances of Theft

Date: ____/____/____ Time at which vehicle was parked: _____

Time at which the theft was discovered: _____

Precise location from which the vehicle was taken: _____

For what precise purpose was the vehicle being used immediately prior to the theft: _____

Was the vehicle locked and secured at time of theft? Yes No

Where were the keys at the time of the theft? _____

Describe the circumstances in which the theft occurred. _____

Person Using the Vehicle

Name of person using the vehicle immediately prior to the theft:

Address:

Postcode:

Date of Birth:

Phone No. Home:

Work:

Business or Occupation:

If other than policy holder please state:

(a) Precise relationship with insured:

(b) Circumstances in which he/she had the use of the vehicle:

(c) Whether he/she is a regular driver of the vehicle?

Yes No

Police

When was the theft first reported to the police

Date: ____/____/____

Time:

Address of Police Station at which the report was made:

To your knowledge, is any person to be charged with the theft?

Yes No

Current Position

Has the vehicle been recovered?

Yes No

If 'Yes' where was the vehicle discovered?

By whom was the discovery made?

Did the vehicle suffer any damage as a result of the theft?

Yes No

If 'Yes' please state:

(a) Nature/extent of damage:

(b) Where the vehicle may be inspected:

(c) Proposed repairer's name and address:

Please advise if this vehicle had any pre-theft damage which had not been repaired at the time of the theft?

Yes No

If 'Yes' please specify circumstances and damage amount:

(Please attach repairer's estimate if available)

I/we declare that the above particulars are true to the best of my/our knowledge. I/we hereby expressly authorise the company, if they do so require, to forward this form and any subsequent statement which I/we or the driver may make, to any solicitors appointed to act in relation to any claim, prosecution or proceedings arising out of this incident. I/we further authorise the company and/or any solicitors so instructed, to deal with all matters arising from this incident at their discretion and without any obligation to consult with or to obtain consent from me/us and to make their admission in connection with the said claim(s), prosecution(s) or proceedings which they in their absolute discretion may consider desirable or in the interests of me/us and/or the company.

I/we understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Insured: **X**

Date: **X**

____/____/____

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