

New Text



PRIVATE MOTOR THEFT FORM

(NOT FOR USE ON MOTOR TRADE)

Policyholder's Name

Company Name

Policy No.

Cover Applicable

Comprehensive

Third Party Fire & Theft

Third party only

Broker/Agent (if applicable)

IMPORTANT

We wish to process your claim as quickly as possible. Therefore please ensure:-

- All questions are fully answered
- All required documents are enclosed
- A copy of the drivers licence must accompany this form
- Return completed form to Tradex Insurance Company Limited, 7 Selsdon Way, London E14 9GL

Failure to do so will delay the claim. If in doubt please telephone our First Response Claims Line.

First Response Claims Line 0333 313 3131 • **Fax** 020 7068 7740 • **Email** firstresponse@tradex.com • **www.tradex.com**

PLEASE ANSWER EVERY QUESTION FULLY. FAILURE TO DO SO COULD RESULT IN DELAY.

1 POLICYHOLDER'S DETAILS

Full Name	Date of Birth
Address (Private)	
Post Code	
Home Telephone	Mobile
Business Telephone	Email
Occupation (including any part time occupation)	
Are you registered for VAT	Yes <input type="checkbox"/> No <input type="checkbox"/>
VAT Status	Full Recovery <input type="checkbox"/> Partial Recovery <input type="checkbox"/> VAT Number

2 DETAILS OF DRIVER (or last person to drive before the incident)

Full Name		Date of Birth		
Address (Private)				
Post Code				
Home Telephone		Mobile		
Business Telephone		Email		
Full Time Occupation		Part Time Occupation		
Driving Licence Number				
Licence Expiry Date		Date UK Test Passed		
Type of Licence	Full UK <input type="checkbox"/>	Provisional <input type="checkbox"/>	EU <input type="checkbox"/>	
			Other (state nationality)	
Was the vehicle being used with Insured's consent			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not the Policyholder driving, does the driver have his own insurance			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, name of Insurer		Policy No		
State last usage of vehicle at time of theft (eg Business, Social, Domestic, Pleasure)				
Were goods or tools being carried at the time		Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please state	
Relationship of driver to Policyholder if other than Self (tick as appropriate)			Other (please specify)	
Partner/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/>				
Have you or the driver ever been convicted of any offence or received a fixed penalty notice			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you or the driver ever been involved in an accident			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you or the driver ever been involved in any other theft or other incident in connection with a motor vehicle			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you or the driver ever been refused insurance or had any insurance cancelled or been refused renewal			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the driver suffer from any physical or mental disability			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer to the questions above is YES, please give full details. Use a separate sheet if necessary.				
Date	Driver	Circumstances/Details	Conviction Code	Fine
Physical/Mental disability				

3 DETAILS OF INSURED VEHICLE OR VEHICLE BEING DRIVEN AT THE TIME

Registration Number	Year of Make	Make and Exact Model	Colour	CC (or GVW if CV)	Mileage if Known	Current Value

Chassis No

Engine No

Where is vehicle normally kept when not in use

Street

Garage

Carpark

Other (please specify)

Is the vehicle owned by the insured

Yes

No

Is the vehicle registered in the insured's name

Yes

No

If the answer to either of the above questions is NO, give full details of the owner / keeper and the insurers of the vehicle

Date of purchase

Purchase price £

Has the vehicle been modified in any way

Yes

No

If YES, give details

Is the vehicle subject to Hire Purchase or Lease

Yes

No

If YES, give full name and address of Finance / Leasing Company

Post Code

Telephone No

HP Agreement No / Lease Contract No

4 THEFT DETAILS

Date stolen Time stolen AM/PM

Address from where stolen
Post Code

When was the vehicle last seen before the theft date time AM/PM

When was the theft discovered date time AM/PM

Were the windows and doors locked Yes No Was the ignition key removed from the vehicle Yes No

What precautions were taken to protect the vehicle against theft and which anti-theft devices were used, if any

Explain fully how the theft occurred

Was the theft reported to the police Yes No If YES, give details date time AM/PM

Police Station

Officer Crime Reference number from police

Has anyone been apprehended by the police for the theft Yes No

If the vehicle was recovered damaged and was involved in an accident, please give full details

Have you any suspicions of who took the vehicle

5 DAMAGE TO YOUR VEHICLE IF RECOVERED

Has the vehicle been recovered

Yes No

If YES, date and time recovered

date

time

AM/PM

Where was the vehicle recovered and describe circumstances of recovery

Where is the vehicle at present

Post Code

Telephone

Is the vehicle drivable

Yes No

Is the vehicle damaged

Yes No

If YES, give brief details

Can the vehicle be inspected at the above location

Yes No

If NO, where can it be inspected

Post Code

Estimation repair costs £

If the damage is minor, please send TWO estimates with this form.

Note: If the vehicle is a 'total loss' the company will remove it to their own nominated storage depot for safe keeping whilst investigations are carried out. Such steps are not to be taken as an admission that any liability attaches under the policy.

6 SETTLEMENT OF TOTAL LOSS CLAIMS - THEFT

We will appoint an independent assessor to investigate the theft and to impartially assess the value of the vehicle. When settlement has been agreed, we shall pay the amount(s) due less any policy excesses, premiums outstanding or finance on the vehicle by cheque or electronic transfer direct to your bank account, so please give your bank details below:

Name of Bank Branch Sort Code

Account Number Account Name

If the account is NOT in the name of the Policyholder, please state relationship between Policyholder and account holder to be credited

DECLARATION (Please read before signing)

I / We declare that the above statements are true and correct to the best of my / our knowledge and belief. I hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information within my knowledge connected with the loss and I agree to provide the Insurers with any further information or documentation as may be required. If my vehicle is a total loss I agree that the company have my permission to remove the vehicle to safe and free storage pending the completion of their investigations and any settlement of this claim. I understand that any attempt to make a fraudulent theft claim will result in prosecution.

Signature of Policy Holder _____ Date _____

Signature of Driver _____ Date _____

Please submit the following documents with your claim form: 1. Vehicle Registration Book 2. MOT Certificate 3. Vehicle Keys
4. All Service History Documents 5. Purchase Receipt for Vehicle 6. Any documents to establish value and condition of vehicle
7. Any photograph(s) available of vehicle 8. Copy of Driver's Licence

Brokers use only: Please ensure all questions have been answered and documents copies are attached

