



WRIGHTSURE
insurance group

MOTOR THEFT REPORT FORM

*Please complete this form fully and continue on the back if necessary.
It is a condition of your policy to report all incidents as soon as possible even if you do not intend to make a claim.
Any correspondence received in connection with the incident must be submitted immediately*

Policyholder		Policy Number	
Address		Postcode	
Email Address		Depot Code	
Phone Number		Fax Number	
Occupation / Business		Are you self-employed?	Yes / No
Are you registered with HM Customs & Excise as taxable for vat?	Yes/No	If partially exempt what % can you reclaim?	%

Driver or person last in charge if unattended			
Name	Occupation	Date of Birth	
Address			
Postcode	Phone Number	Agency Driver	Yes / No
Class of licence held	Date of passing driving test for vehicle involved in the incident		
Licence number	Groups covered	Expiry Date	
Was the person using the vehicle with the Policyholder's permission?		Yes / No	If "No" please provide details below
Give details of all motoring convictions or prosecutions pending (i.e. charge: date: penalty). If none please state "None"			
Give details of all accidents or losses in the last three years. If none please state "None"			
Give details of any physical defect, infirmity, defective vision or hearing. If none please state "None"			

Vehicle (Towing Unit)			
Make / Model	Year of make	Reg. No.	
Type of body	Mileage	Value	£
Vehicle Identification Number (VIN)	Gross Veh. Weight (GVW)		
For what purpose was the vehicle being used?	No. of seats		
If the vehicle is not owned by the Policyholder please provide the name and address of the owners below			
Name & Address			
If the vehicle is under a finance, rental or leasing agreement please give details below of the company involved			
Name & Address		Agreement No.	
Trailer	Make	Model	Serial No.
Value			
£			
If the vehicle is not owned by the Policyholder please provide the name and address of the owners below			
Name & Address			
If the vehicle is under a finance, rental or leasing agreement please give details below of the company involved			
Name & Address		Agreement No.	
If goods were being carried for business purposes please state below the nature of the load and the name and address of the owners of the load			

Damage to the Insured vehicle			
Please confirm full details of the damage to and the current location of the vehicle (please provide a contact name and telephone number if possible)			
Is the vehicle still in use (i.e. mobile and roadworthy)?			
Yes / No	Estimated cost of repairs	£	
<i>Please note that if the damage to your vehicle is covered under the policy and the vehicle is considered beyond economical repair it may be moved to free and safe storage to avoid unnecessary storage charges. Please ensure that you remove all personal effects.</i>			

If the vehicle has not been found please complete the following

Name and address of the person or company from whom you purchased the vehicle

Date of expiry of the road fund licence

General condition of the vehicle

Please enclose with this claim form, or forward to us the following documents:-

*Vehicle registration document (V5)
All servicing receipts*

*Current MOT test certificate
All sets of keys*

*Purchase receipt from the vehicle supplier
Finance or leasing documents*

LGV test certificate and plating certificate (where applicable)

together with the current certificate of insurance for the vehicle

Please confirm full details of all articles stolen with the vehicle together with the owner's identity. You will also need to confirm the date of purchase and the price paid for the articles. Receipts of purchase will also be required.

Amount claimed after deduction for wear & tear (and vat if applicable)

£

If there is anything that you wish to add regarding the loss of or damage to your vehicle please state below

When and where may we discuss the claim with you if necessary?

Notice & Declaration (please read carefully)

Notice: Insurers pass information to the Claims and Underwriting Exchange Register (CUE), run by Insurance Database Services Ltd (IDSL) and the Motor Insurance Anti-Fraud and Theft Register (MIAFTR), run by the Association of British Insurers (ABI). We also exchange information with other Insurers and other organisations through various other databases. 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.

In addition your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by the police for the purpose of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK Insurers, the Motor Insurers' Bureau (MIB) and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from us, or at www.miic.org.uk.

Your information may also be disclosed to agents and service providers appointed by us (such as claims handling agents, approved engineers, and investigative agents) and may be transferred to any country including countries outside the European Economic Area for the purposes of administration. Your information may also be shared with other members of your Insurers.

Declaration: I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will render every assistance required by the Underwriters.

Policyholder's or Company Official's Signature

Date

Please enter any additional information or comments about the incident on this page

