

**SAGAR INSURANCES**  
**MOTOR FIRE THEFT OR DAMAGE REPORT FORM**

Please complete this form and return to Sagar Insurances, 30 Willow St, Accrington, BB5 1LU  
 Tel:01254 391411 Fax:01254 872720  
 Email: [claims@sagarinsurances.co.uk](mailto:claims@sagarinsurances.co.uk)

Please note, if you have suffered a theft or malicious damage the matter must be reported to the police as soon as possible. If you are comprehensively insured you may be entitled to have your vehicle repaired by a garage pre-approved by your Insurer. Please contact us if you wish for your vehicle to repaired by such a garage.

<b>Policy Holder</b>		Policy/Certificate No:	
Name:		Daytime Phone No:	
Address:		Evening Phone No:	
		Occupation	
		Date of Birth	
Are you VAT registered ?	Yes/No	If yes please provide VAT Details	

Driver/Person in charge of vehicle (immediately before the incident)			
Name:		Daytime contact number:	
Permanent address:			
Date of Birth:		Occupation:	
How long employed by policy holder ?		Current licence No:	
Has the driver – (please circle answers 1-6 below)	How long held ?		Is it Full / Provisional?
1)Any motor insurance in their own name:	Yes/No	If yes to any questions 1-6 please provide details below.	
2)Any physical or medical illness, infirmity of sight or hearing	Yes/No		
3)Any motoring convictions in past 5 years including pending	Yes/No		
4)Any previous losses in past 5 years	Yes/No		
5)Any criminal convictions (or been charged but not yet tried)	Yes/No		
Was the driver using the vehicle with the policyholders permission at the time of the loss:			Yes / No
Does the driver have regular use of any other Vehicle? If yes please provide details opposite	Yes / No		

Vehicle details and usage immediately prior to the incident			
Make:		Model:	
CC:		Colour:	
Mileage:		Registration No:	
		Current Value:	
Mileage: Was the vehicle on HP/Lease? If so please provide details below -			
Any modifications from standard:			

Who is the main driver of the vehicle:		
Is the Policy Holder the owner of the vehicle? Yes/No, If No, please give the name and address of owner opposite:		
Was the vehicle used in connection with the drivers Occupation? Yes/No If Yes please give details opposite:		
Were goods being carried in connection with business? Yes/No If yes please give full details opposite:		

<b>Incident details to be completed in all cases</b>			
Date/Time:		Place i.e road:	
Town:		Country:	
Did police attend? Yes/No If yes please give full details opposite including PCs No, station, crime reference if appropriate and also details of anyone cautioned or breathalysed at the scene			
<b>Damage to Insured vehicle</b>			
Was your vehicle damaged in the incident:	Yes / No		
Please give a full description of the damage, if applicable, in the space opposite.			
Is your vehicle still mobile?	Yes/No		
If your vehicle has been taken to a repairer or collection/recovery agent, please give their full details, so that we may contact them to arrange repair or collection of your vehicle			
If your vehicle is immobile, but not at a garage, please advise its exact location			
<i>If your vehicle is still mobile and in your possession please forward an estimate for the repair cost of your vehicle or contact us and we will direct you to the nearest repairer approved by your Insurance Company or other suit able garage.</i>			

<b>Complete this section fully in the event of theft of your vehicle.</b>			
Date and time vehicle last seen:		Exact location last seen:	
Date and time loss discovered:		Date and time police informed:	
Please answer the following questions Yes or No, if you answer No to any of the questions please give a full explanation in the space below. "Prior to the theft"-			
Was the vehicle locked?			
Were the windows/openings closed?			
Was the ignition key removed?			
<b>If applicable</b> was the alarm/immobiliser activated?			
Was the steering lock set and in operation?			
Has any person(s) been apprehended? If yes please provide details opposite:			
Do the police suspect who is responsible? If yes provide details opposite:			

How regularly is the vehicle left at the location from which the theft took place? Also advise the location of the keys to the vehicle at the time of the incident.	
Please give a full description of the circumstances leading upto the theft.	

<b>In all cases, other than theft, please describe how the damage occurred to your vehicle.</b>	

Please detail any personal effects lost or stolen as a result of this incident:	

<b>This section must be read carefully and signed by the Insured or other such authorised person.</b>	
<p><b>Note.</b> Insurers pass information to the Claims Underwriting Exchange Register, run by Insurance Database Services Ltd, and the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers. The aim is to help Insurers check information provided and also to prevent fraudulent claims. Under conditions of your policy, you must inform Insurers about any incident which may or may not give rise to a claim. Insurers will pass information relating to this incident to the registers.</p>	
<p><b>Declaration.</b> I/We declare the foregoing particulars to be correct according to my/our information and belief. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation in relation thereto.</p>	
<p><b>Signature of Policyholder</b>.....<b>Date</b>.....</p> <p><b>Print Name</b>.....</p>	