



### MOTOR THEFT FORM

Please complete this form and return to Sagar Insurances, Group First House, 12a Mead Way, Shuttleworth Mead Padiham, Burnley, BB12 7JU

T 01282 858250 : F 01282 858299: E [claims@sagarinsurances.co.uk](mailto:claims@sagarinsurances.co.uk)

#### General Information

|               |  |  |  |
|---------------|--|--|--|
| Name          |  | Daytime phone no                       |  |
| Address       |  | Mobile phone no                        |  |
|               |  | Date of Birth                          |  |
|               |  | Occupation                             |  |
| Email address |  | If you are VAT registered give details |  |

#### Insurance Details

|                   |  |
|-------------------|--|
| Insurance Company |  |
| Policy No         |  |

#### Driver Details

##### Driver or person in charge of vehicle immediately before the incident

|                                    |          |                       |  |
|------------------------------------|----------|-----------------------|--|
| Name                               |          | Daytime phone no      |  |
| Address                            |          | Mobile phone no       |  |
|                                    |          | Date of Birth         |  |
|                                    |          | Occupation            |  |
| Licence No                         |          |                       |  |
| Full or Provisional                |          | How long held         |  |
| Is driver employed by policyholder | Yes / No | If Yes, for how long? |  |

#### Driving History

| Has the driver :  | Yes/No | Details |
|---|--------|---------|
| Motor insurance in their own name                             |        |         |
| Any physical / mental illness including sight and hearing     |        |         |
| Any motoring convictions in the last 5 years or any pending   |        |         |
| Any previous losses in the last 5 years                       |        |         |
| Any criminal convictions (or been charged but not yet tried)  |        |         |
| Have regular use of another vehicle                           |        |         |
| Was the vehicle being used with the policyholder's permission |        |         |

| Details of the Vehicle  |  |         |  |
|---|--|---------|--|
| Make  |  | Mileage |  |
| Model   |  | Colour  |  |
| CC  |  | Value   |  |
| Reg No  |  |         |  |
| Give details of any HP or lease agreement                             |  |         |  |
| Give details of any modification to vehicle from standard             |  |         |  |
| Who is the main driver of the vehicle?                                |  |         |  |
| Does the Policyholder own the vehicle?                                |  |         | If No give details in space below      |
| Was the vehicle being used in connection with the driver's occupation |  |         | If Yes give details in space below     |
| Were goods being carried in connection with the business              |  |         | If Yes give details in the space below |
|   |  |         |  |

| Details of theft |  |  |  |
|------------------|--|--|--|
|------------------|--|--|--|

|  |         |                               |  |
|--|---------|-------------------------------|--|
| Date and time vehicle last seen  |         | Exact location last seen      |  |
| Date and time loss discovered  |         | Date and time police informed |  |
| Give PC's No, station address<br>And crime reference no  |         |                               |  |
| Please answer the following questions Yes or No, if you answer No to any of the questions please give an explanation in the space alongside. |         |                               |  |
| Was the vehicle locked?  | Yes     |                               |  |
| Were the windows/openings closed?  | Yes     |                               |  |
| Was the ignition key removed?  | Yes     |                               |  |
| If applicable was the alarm Immobiliser activated?   | Yes /No |                               |  |

|  |          |  |
|--|----------|--|
| Was the steering lock set and in operation?  | Yes / No |  |
| Has any person(s) been apprehended? If yes please provide details                  |          |  |
| Do the police suspect who is responsible? If yes provide details                   | Yes / No |  |
| How regularly is the vehicle left at the location from which the theft took place? |          |  |
| Where were the keys to the vehicle at the time of the theft                        |          |  |
| Please give a full description of the circumstances leading upto the theft.        |          |  |

|  |
|--|
| <b>Personal effects stolen</b>   |
| Give details of any personal effects 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.</p> <p><b>Declaration</b> I/We declare the forgoing 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> |             |
| <b>Signature of Policyholder</b>   | <b>Date</b> |
| <b>Print Name</b>  |             |