



**STOLEN OR BURNT OUT
MOTOR VEHICLE
CLAIM FORM**

CLAIM / CUSTOMER REF.

OFFICE

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED. THE DRIVER DETAILS SHOULD BE COMPLETED BY THE ACTUAL DRIVER OF THE VEHICLE IF THE DRIVER IS DIFFERENT FROM THE INSURED.

IMPORTANT

Please read before completing this form.

Many of the fraudulent claims we receive are made as Stolen or Burnt-Out Motor Vehicle claims.

This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined.

We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down.

Thank you for your co-operation.

INSURED'S
FULL NAME(S)
Mr/Mrs/Miss/Ms

DATE(S) OF BIRTH

TELEPHONE

DAY

NIGHT

POSTAL ADDRESS

POST CODE

INTERESTED
PARTY
(BANK, FINANCE
COMPANY ETC.)

POSTAL ADDRESS

POST CODE

WHAT HAPPENED?

Date of loss/...../..... Between the hours (approx) of..... a.m. and..... a.m.
Date loss was discovered/...../..... Time p.m. and..... p.m.
Who discovered the loss?

Please appropriate box

Was the vehicle alarmed? YES NO Was Alarm set YES NO
Is vehicle normally garaged YES NO

Details of how loss occurred

(if insufficient space attach sheet)

Where were you at the time of the theft or loss?

Place where loss occurred.....

POLICE DETAILS
Please read this carefully

Did the Police attend the scene? YES NO

If No, have the Police been notified of the loss? YES NO

If YES, which Police Station was the loss reported to?

On which date?/...../.....

Have the Police recovered any property? YES NO

If YES, please give details.....

N.B. Please attach the Police Form.

Has the loss been advertised in any newspapers? YES NO

If YES: Paper..... Date...../...../.....

Other action taken to recover property.....

GENERAL PLEASE ANSWER ALL QUESTIONS

1. OWNER Full Name

Address

Phone Nos. Day..... Night.....

2. USUAL DRIVER Full Name

Address

Phone Nos. Day..... Night.....

3. YEAR

4. MAKE, MODEL AND TYPE

state - 2 Door, 4 Door, Hatch, Station-wagon

5. REGISTERED NUMBER

6. H.P. OR C.C. RATING Speedometer Reading.....

7. TRANSMISSION state - Manual (3/4/5 speed, overdrive), Automatic, Turbo

8. VEHICLE IDENTIFICATION NO. (chassis, frame)

9. ENGINE NO.

10. MODIFICATIONS a) Air Cond. YES NO b) CNG/LPG YES NO

c) Any other modifications? (please detail)

11. COLOUR (detailed)

Colour changes made by present owner

12. TYRES Make..... Type.....

Amount of wear in tyres) Front Left Rear Right

& Tread Pattern) Front Right Rear Left Spare.....

13. WHEELS Colour Mags..... Standard

14. RADIO/STEREO Unit Make Model.....

Where fitted in Vehicle

SPEAKER(S) Where fitted.....

Make..... Type

15. INTERIOR TRIM Colour.....

Condition a) Poor b) Average c) Good d) Excellent

16. OTHER VEHICLE ACCESSORIES (list below)

17. THE VEHICLE IS USUALLY SERVICED BY: Ph:

The vehicle was last serviced by: Ph:

Date vehicle was last serviced:/...../.....

18. WARRANT OF FITNESS EXPIRES ON/...../.....

19. REGISTRATION EXPIRES ON /...../.....

20. CONDITION OF THE FOLLOWING WAS: (i.e. good, poor, etc)

a) Engine b) Mags

c) Transmission/Diff d) Suspension

e) Steering f) Body

g) Paintwork (faded/patchy)? h) Seats

i) Dash

21. WAS THERE ANY UNREPAIRED DAMAGE (INCLUDING RUST) ON THE VEHICLE? YES NO

If YES, please detail:

22. THE FOLLOWING PEOPLE HAVE KEYS TO THE VEHICLE – NAMES, ADDRESSES AND PHONE NUMBERS:

23. NUMBER OF OWNERS:

24. IS THERE ANY FINANCE ON VEHICLE? YES NO If YES, with whom?

25. PURCHASE PRICE OF VEHICLE PURCHASE DATE OF VEHICLE

PURCHASED FROM WHOM? (i.e. Dealer)

26. WAS THE VEHICLE FOR SALE OR TRADE PRIOR TO THE LOSS? YES NO

If YES, how was it advertised and what was the asking price?

27. HAVE YOU HAD ANY REPAIRS DONE TO THE VEHICLE? YES NO

If YES, please provide repair details and advise repairer's name

28. In the last five years have you

- had any insurance cancelled or refused? YES NO

- been charged with or convicted of any criminal offence (other than parking)? YES NO

If YES, give full details.....



PLEASE ATTACH ANY SERVICE RECORDS, PHOTOS, ETC. OF CAR.
PLEASE ATTACH OWNERSHIP PAPERS TO THIS QUESTIONNAIRE AND KEYS.
PLEASE ATTACH COPY OF LATEST VEHICLE INSPECTION CERTIFICATE.

DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

- All the statements in this claim form and any additional schedules are correct.
- The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.
- I/We have told Tower Insurance everything relevant to this claim.

Please Tick	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by Tower Insurance to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Tower Insurance may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Tower Insurance immediately and return the property to Tower Insurance or will refund to Tower Insurance the value of the recovered items.

I/We authorise Tower Insurance to obtain personal information about me/us from any other party.

I/We authorise Tower Insurance to obtain if required a copy of the police report relating to this claim.

Exceptions to this Declaration:
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Insured's Signature..... Witness Signature

Date/...../.....

Date/...../.....

Insured's Signature..... Witness Signature

Date/...../.....

Date/...../.....