



## MOTOR THEFT REPORT FORM

### **IMPORTANCE NOTICE**

1. No Liability Is admitted by Issue of this form
2. Neither owner nor driver may admit fault or Liability for this Accident.
3. Do not answer communications about this Accident Direct these to the Insurance Company for Action
4. Please let us have an estimate of repair cost
5. Repairs must not be authorized without prior authority of the Insurance Company
6. All questions on this form must be answered

Insurers Claim No:

Broker ref. No.

**REMEMBER: Incomplete answers will lead to delayed processing of your claim.**

<b>INSURED</b>	Name _____  Tel. No. _____  Address _____  Business/Occupation _____								
<b>POLICY</b>	Number _____ Period of Insurance; From: _____ To: _____ Type of cover: <b>comprehensive</b> <input type="checkbox"/> <b>TPF&amp;T</b> <input type="checkbox"/> <b>TPO</b> <input type="checkbox"/> Name of hire purchase or finance company (if any) _____								
<b>VEHICLE</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Make &amp; Model _____</td> <td style="width: 50%;">Year of manufacture _____</td> </tr> <tr> <td>Reg. No. of Vehicle _____</td> <td>Carrying capacity _____</td> </tr> <tr> <td>Reg. No. of trailer _____</td> <td>Capacity _____</td> </tr> <tr> <td colspan="2">Name and Address of Owner _____</td> </tr> </table>	Make & Model _____	Year of manufacture _____	Reg. No. of Vehicle _____	Carrying capacity _____	Reg. No. of trailer _____	Capacity _____	Name and Address of Owner _____	
Make & Model _____	Year of manufacture _____								
Reg. No. of Vehicle _____	Carrying capacity _____								
Reg. No. of trailer _____	Capacity _____								
Name and Address of Owner _____									
<b>USE</b>	State the EXACT PURPOSE for which the vehicle was being used at the time of the accident  _____ _____ _____ _____								

**COMMERCIAL  
VEHICLES**

Description of goods being carried \_\_\_\_\_

Name of owner of goods \_\_\_\_\_

Was a trailer attached? \_\_\_\_\_

Weight of load on (a) Vehicle \_\_\_\_\_ (b) Trailer (s) \_\_\_\_\_

**DRIVER'S  
DETAILS (even  
if the insured)**

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Tel No. \_\_\_\_\_

Is he/she employed by you? Yes  No

How long has he/she been in your service? \_\_\_\_\_

Was he/she driving with your permission? Yes  No

How long has he/she been driving motor vehicles? \_\_\_\_\_

Was he/she in any way to blame for the accident? Yes  No

Did he/she admit liability? Yes  No

Has he/she had any previous accidents? Yes  No

If so, how many, an approximate date? \_\_\_\_\_

Has he any conviction for any offence in connection with any \_\_\_\_\_

motor vehicle or any charges pending? Yes  No

if so, give details including dates \_\_\_\_\_

Does he/she hold a full or provisional license to drive this vehicle? Full  Provisional

If full, state date when driving test first passed \_\_\_\_\_

Number \_\_\_\_\_

Does he/she own a Motor Vehicle? Yes  No

If so, give name and address of Insurer \_\_\_\_\_

Driver's Policy No. \_\_\_\_\_

**THEFT**

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Place \_\_\_\_\_

Did police take particulars?

If so, give Constable's number and station

To which police station was the accident reported?

Attach copy Notice of Intended prosecution if any.

**STATEMENT  
BY DRIVER**

Signature of Driver \_\_\_\_\_

**STATEMENT  
BY THE  
OWNER OR  
INSURED**

**DAMAGE TO  
INSURED  
VEHICLE**

State briefly apparent damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER YOUR POLICY, PLEASE SEND AT ONCE TO THE COMPANY AN ESTIMATE FOR REPAIRS).***

Repairers name and address \_\_\_\_\_

Tel. No \_\_\_\_\_ Is the vehicle still in use? Yes  No

When and where can it be inspected? \_\_\_\_\_


PERSONS INJURED	Name and address	Relationship to the insured	If Driver or Passenger Reg. No. of vehicle	Apparent injuries
INDEPENDENT WITNESSES	Name	Address		
PASSENGERS IN YOUR VEHICLE	Name	Address		

*I DECLARE that these particulars are true and correct and undertake to forward immediately (and answered) any correspondence to this accident.*

Date \_\_\_\_\_ Name \_\_\_\_\_

Signature of Insured \_\_\_\_\_  
(and stamp)

**IMPORTANT**

**Please attach the following documents: -**

- A copy of the insured's or drivers driving license
- The police abstract.
- Any other relevant documents.