

Motor Vehicle Theft Report

Claim No. (if known)

Please complete and return form to:

Allianz Insurance plc
500 Avebury Boulevard
Milton Keynes MK9 2XX

Policyholder

Name	<input type="text" value="Listers Group"/>	Policy/Certificate Number	<input type="text" value="SM/29021206"/>
Address	<input type="text" value="Othello House, Banbury Road, Stratford-upon-Avon"/>		
		Postcode	<input type="text" value="CV37 7GY"/>
Occupation	<input type="text" value="Motor Trader"/>	Telephone No.	<input type="text"/>
Mobile No.	<input type="text"/>	Can we contact you by SMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address	<input type="text"/>	Are you registered under the VAT regulations?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please confirm VAT registration number		<input type="text"/>	

Driver/Person in charge (of vehicle immediately before theft)

Name (Mr/Mrs/Miss)	<input type="text"/>	Telephone No.	<input type="text"/>
Mobile No.	<input type="text"/>	Can we contact you by SMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permanent Address	<input type="text"/>		
		Postcode	<input type="text"/>
Date of birth	<input type="text"/>	Email	<input type="text"/>
Type of Licence held	<input type="text"/>	Occupation	<input type="text"/>
		held for less than 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the driver			
Director/partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other specify	<input type="text"/>
Is driver the main user?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'No', give proportion of use		<input type="text"/>	

- 1 Has the driver been involved in any motor accident or had a vehicle damaged or stolen, regardless of who was at fault or whether a claim was made, within the past five years? Yes ☐ No ☐
 - 2 Does the driver have any pending prosecutions, ever been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle in the last five years? Yes ☐ No ☐
 - 3 Has the driver ever had a Motor policy cancelled, declined, declared void, refused renewal or asked to bear special terms or conditions? Yes ☐ No ☐
 - 4 Does the driver have defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, or fits of any kind? Yes ☐ No ☐
 - 5 If not the Policyholder, did the driver have the Policyholder's permission to drive? Yes ☐ No ☐
- If answer to question 1, 2, 3 or 4 is 'Yes', please give details:

Insured Vehicle

Make	<input type="text"/>	Model	<input type="text"/>	C.C.	<input type="text"/>	Reg.No	<input type="text"/>
Year of manufacture	<input type="text"/>	Name of H.P. Company or Finance House interested (if any)					<input type="text"/>
Chassis No.	<input type="text"/>			Engine No.	<input type="text"/>		
Type of body	<input type="text"/>			Colour	<input type="text"/>		
Date Vehicle first registered	<input type="text"/>			Mileage at time of loss	<input type="text"/>		
Are there any marks/damage and other special features to help establish identity							

Was the vehicle up for sale? **Yes** ☐ **No** ☐

How was access gained?

Has the vehicle been stolen previously? **Yes** ☐ **No** ☐

Is the vehicle alarmed? **Yes** ☐ **No** ☐

Was the alarm set? **Yes** ☐ **No** ☐

Does the vehicle have a tracker? **Yes** ☐ **No** ☐

Is vehicle fitted with Telematics? **Yes** ☐ **No** ☐

Detail any major parts which have been renewed in the last 12 months (attaching invoices where possible)

List 'extras'

Purpose for which vehicle was being used (tick as necessary) Social / Commuting / Business

Date of Purchase Estimated value at time of loss £

Nature of goods being carried (if any) Purchase price £

(please attach purchase invoice) include vehicle registration document and MOT certificate if applicable

Circumstances (of loss)

Is your claim for loss of vehicle/or attempted theft from vehicle? (delete as appropriate)

Place and circumstances of loss

Date/Time vehicle was left:

Date/Time loss discovered:

Who discovered the theft?

In cases of theft, loss or malicious act, the police must be informed promptly.

Was matter reported to police?

Officer No. or Station reported to

Date/Time of Report

Crime reference number

Has the unauthorised user been identified?

Yes ☐ No ☐

Has the unauthorised user been apprehended?

Yes ☐ No ☐

Is the unauthorised user known to the policyholder?

Yes ☐ No ☐

Are there any other insurances in force upon the vehicle or the property stolen or damaged?

Yes ☐ No ☐

If 'Yes', please supply details

Recovery (of vehicle and/or any accessories)

Date recovered

Time

Where found

Who found the vehicle? Please give details

If damaged give details

Where is the vehicle now lying and in whose charge?

In the event that your vehicle is assessed as being beyond economical repair, as protection, we shall move it to free and safe storage.

Notice

Insurers pass information to the Claims and Underwriting Exchange Register and the Motor Insurance Anti-fraud and Theft Register run by Insurance Database Services Ltd. (IDS Ltd). The aim is to help us check information provided and also 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 may pass information related to this incident to the registers.

Data Protection Notification

We may use the personal and business details you give us, or which are supplied by third parties, to consider your claim, search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we may consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law.

We will store personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them. Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief.

FAILURE TO DO THIS MAY RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I/We declare that the particulars provided are correct to the best of my knowledge and belief. I/We understand that you may seek 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 and advise in relation thereto.

Signature of Insured:

Date: