

# Motor fire and theft report form

	Premier Claims Service Kingsway House Burnley BB11 1BJ
Reference	Tel: 0800 923 4222 Email: PremierClaimService@innovation.group

Please note our interest in the above incident as the claims handling organisation working for your motor insurers. This claim form must be completed and returned to us – if we do not receive this within 14 days we will assume you do not wish to proceed with the claim.

## **HOW DO I COMPLETE THIS FORM?**

Please complete all relevant sections fully and clearly in BLOCK CAPITALS

- Please provide as much information as possible, if you need any help in completing the form, please contact us on the number above.
- It is important that you sign the declaration at the end of the form, and if someone other than you (the Policyholder) was last in charge of the vehicle, then he/she should also sign.

In accordance with the DATA PROTECTION ACT 1998, we bring to your attention that insurers maintain a Motor Insurance Anti Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

## IMPORTANT NOTES TO READ BEFORE COMPLETING THIS FORM

- · We will check your details with fraud prevention agencies.
- If you provide false or inaccurate information and we suspect fraud, we will record this.
- Law enforcement agencies may access and use this information.
- All claims are investigated; certain cases may be referred to our specialist claims investigation unit.
- If the insured vehicle has been damaged beyond economical repair; we will move the vehicle to a place of free and safe storage pending resolution of your claim unless you wish to make other arrangements.
- Please ensure your personal effects are removed from the vehicle.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to 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 will pass information relating to this incident to the registers.

#### **ENCLOSURES REQUIRED:**

IN ALL CASES please forward a copy of your (and all named drivers) counterpart drivers licence.

If you think your vehicle is beyond economical repair and you are comprehensively covered, please provide the following:

- Registration Document
- MOT certificate
- Purchase receipt
- Finance settlement figure (if applicable)
- If items have been stolen from the vehicle please provide proof of purchase

We suggest you keep copies of any documents you send in to us.

		POLICYHOLDER			
Name			Date of Birth		
Address					
			Postcode		
Full Time Occupation		Part Tim	e Occupation		
How long have you been in th	nis occupation?_				
Daytime Tel.	Ever	ning Tel	Email		
Do you own any other vehicle	e? YES N	0			
Hava you	1) Poon involve	d in an accident or suffered a l	oss in past 6 years? YES NO		
Have you (If YES give details below)	-	d in an accident or suffered a l			
	-	rance claim within the past 6 y			
	, ,	convictions or pending motor			
	4) Ever been ref	used insurance?	YES L NO L		
Type of incident, conviction o	r condition	Date applicable	Details of any costs or penalty points impose		
Who is the main user of the v	ehicle? Policyl	nolder Spouse S	Son/Daughter Friend Employee		
	-	·	. ,		
Are you registered for VAT?		,			
If YES can you recover VAT o		YES NO			
PEE	RSON IN CHAI	RGE OF VEHICLE IF NO	T THE POLICYHOLDER		
1 21	IOON IN OHA	Hat of Vernote II No	THE TOLIGINOEDEN		
Name			Date of Birth		
Address					
			Postcode		
Full Time Occupation		Part Tim	e Occupation		
Telephone No		Email			
Did he/she have the policyhol	der's permission	to use the vehicle? YES	NO L		
Has the person last in charge 1) Been involved in an accident or suffered a loss in past 5 years?		oss in past 5 years? YES NO			
(If YES give details below)	2) Made an insu	de an insurance claim within the past 5 years?			
	3) Any motoring	convictions or pending motor	ing convictions? YES NO		
		used insurance?	YES NO		
Type of incident, conviction o	r condition	Date applicable	Details of any costs or penalty points impose		
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VEHICLE AND USE		
Make		Model CC
Year		Registration No Colour
Date of Purchase		Price Paid Current Mileage Current Value
Who is the registered k	eeper?	Policyholder
		Other (please state)
Where was the vehicle	nurchased from?	Private Trade
Where was the vehicle	purchased from:	Other (please state)
How was the vehicle p	urchased?	Cash Personal loan Hire purchase
		Other (please state)
Do you have GAP insur	rance?	YES NO NO
If there is finance or obtain a settlement		vehicle and the vehicle has not been found or is uneconomical to repair please inance company
Last use of vehicle	Travelling to/from v	work Shopping Visiting friends
7	Taking children to s	school Parked
(	Other (please state	)
Please advise any mod		ments or extras fitted to the vehicle (please provide date purchased, cost, who fitted there is confirm if they have locking wheel nuts)
and full description – if	ne vehicle bought v	with? How many keys do you have at present?
and full description – if  How many keys was th  Had any extra keys bee	ne vehicle bought ven cut?	
and full description – if  How many keys was th  Had any extra keys bee	ne vehicle bought ven cut? YES	with? How many keys do you have at present? NO If YES (please state how many)
and full description – if  How many keys was th  Had any extra keys bee  Where is the vehicle ke	ne vehicle bought ven cut? YES pt overnight? G	with? How many keys do you have at present?  NO  If YES (please state how many)  sarage  Street  Other (please state)
and full description – if  How many keys was th  Had any extra keys bee  Where is the vehicle ke	ne vehicle bought ven cut? YES  pt overnight? G  CI  last seen?	with? How many keys do you have at present?  NO
and full description – if  How many keys was th  Had any extra keys bee  Where is the vehicle ke	ne vehicle bought ven cut? YES  pt overnight? G  CI  last seen?	With? How many keys do you have at present?
How many keys was the Had any extra keys been where is the vehicle key where was the vehicle where was vehicle at ti	pt overnight? G  CI  last seen? ime of incident?:	With? How many keys do you have at present?
How many keys was the Had any extra keys been where is the vehicle key where was the vehicle where was vehicle at ti	pt overnight? G  CI  last seen? ime of incident?:	with? How many keys do you have at present?
and full description – if  How many keys was th  Had any extra keys bee  Where is the vehicle ke  Where was the vehicle  Where was vehicle at ti  Were any anti-theft dev	cle vehicle bought ven cut? YES Cle covernight? Gle cle covernight? Cle cle covernight?:	with? How many keys do you have at present?
and full description – if  How many keys was th  Had any extra keys bee  Where is the vehicle ke  Where was the vehicle  Where was vehicle at ti  Were any anti-theft dev	cle vehicle bought ven cut? YES Cle covernight? Gle cle covernight? Cle cle covernight?:	With? How many keys do you have at present?
How many keys was the Had any extra keys been where is the vehicle keen where was the vehicle where was vehicle at time. Were any anti-theft develowed the How did the thieves gain	clust seen?ime of incident?:	with? How many keys do you have at present?
How many keys was the Had any extra keys been where is the vehicle key where was the vehicle where was vehicle at time. Were any anti-theft develow did the thieves gain was vehicle stolen with	clust seen?  ine of incident?:  in entry?  n use of key?	with? How many keys do you have at present?
How many keys was the Had any extra keys been where is the vehicle key where was the vehicle where was vehicle at time. Were any anti-theft deven was vehicle stolen with the was vehicle stolen with	clust seen?  ine of incident?:  in entry?  n use of key?	with? How many keys do you have at present?
How many keys was the Had any extra keys been where is the vehicle key where was the vehicle at time. Where was vehicle at time. Were any anti-theft develow the How did the thieves gain was vehicle stolen with the thieves how did thieves.	clear cut? YES clear cut? YES clear cut? YES clear cut? YES clear cut? clear cut.	with? How many keys do you have at present?
and full description – if  How many keys was th Had any extra keys bee Where is the vehicle ke  Where was the vehicle at ti  Were any anti-theft dev  How did the thieves gai  Was vehicle stolen with If YES how did thieves  If house burglary please	cine vehicle bought ven cut? YES  pt overnight? G  CI  last seen?  ime of incident?:  ices in use?  in entry?  n use of key?  obtain keys  e give home insura	with? How many keys do you have at present?

	POLICE DETAILS	5			
When was the incident reported to the police?	YES NO Dat	e		Time	
Crime Reference No Officer N					
Name and Address of Police Station					
How was the incident reported					
Has anyone been apprehended by the police?					
If YES you should apply to the police immedia		ation to be mad	ie.		
Names, addresses and approx. ages of any pe	ersons apprenenced.				
Are charges being brought against the culprit?  Is the culprit known to the insured? YES	□ NO □				
If YES please state relationship					
	VEHICLE DAMAG	iΕ			
Has the vehicle been recovered? YES	NO (If yes please an	swer the follow	ring)		
Current location of vehicle?					
When was vehicle found?					
Where was vehicle found?					
Who found vehicle?					
What are the areas of damage to your vehicle?	? (Please mark area of damag	ge with an X)			
CAR	BIKE	•		VAN	
Was there any pre-existing damage before the	e loss? YES NO	If YES plea	se state		
Is the vehicle incurring storage charges? YE	ES NO				
IMPORTANT: If the vehicle has b with the location, otherwise	peen recovered and the vehic e you may be responsible for				′
PERSO	ONAL EFFECTS/STEREC	D EQUIPME	NT		
Please refer to your policy booklet for details purchase you have for the items.				vide any proc	f of
Full description of item	Where was item	Age of item	Original cost	Replacement cost	Standard fit Yes/No

OTHER PARTY INVOLVED		
To your knowledge was the vehicle involved in an accident whilst in the hands of thieves?  Were any other vehicles involved?  Was damage caused to any other person's property?  Did any person sustain personal injury?  If your vehicle was involved in an accident when it was stolen please provide details		
If fire claim, did your vehicle cause damage to any other property? YES NO If YES please give details		
If you are claiming for fire damage please answer the following  Did the Fire Brigade attend? YES NO Address of station		
Ref: Date/Time reported  Did the Fire Brigade indicate cause?		
How did fire occur? Arson Mechanical/Electrical Unknown Other (please state)		
Please provide details of the circumstances leading up to and surrounding the incident		

IMPORTANT: Please carefully read the declaration below before signing. Please ensure all questions have been answered, all details supplied. This will avoid delay caused by our having to return this form to you.

#### **DECLARATION**

I declare that the above statements are correct and true to the best of my knowledge and belief. I hold no other policy in addition to this indemnifying me in respect of this claim.

I have not withheld from the insurer any information within my knowledge connected with this incident. I understand that any mis-statements or the withholding of information will render my claim void.

I agree to provide the insurers with any further information or documentation as may be required.

I understand that the claim will be cancelled if the vehicle is recovered undamaged before any payment has actually been made by the Insurer. I also understand that if the vehicle is recovered after the claim has been paid it becomes the property of the insurer.

I undertake to advise the Insurer immediately if the vehicle is recovered.

I understand the Insurer does not admit liability by issue of this form.

I understand the Insurer may require me to be available for interview by their appointed representative, and further understand that any information give may well be recorded and analysed.

I understand that you may seek information from other insurers to check the answers I have provided

Tunderstand that you may seek information from other insurers to check the drie	word i nave provided.
I/We understand that you may ask for information from other insurers to check the	e answers I/we have provided.
Insured Signature	
Person in charge of vehicle(If not the insured)	Date