

# Motor Vehicle Theft or Malicious Damage Form

ageas®

Claim No:

## Policy details

Policyholder: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Main Occupation: \_\_\_\_\_  
Second Occupation: \_\_\_\_\_ VAT Reg: \_\_\_\_\_  
Tel. No. Day: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Details of driver or last person in charge

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Postcode: \_\_\_\_\_ House No: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_  
Relationship of driver to Policyholder: \_\_\_\_\_  
Type of Driving Licence: \_\_\_\_\_ How long held: \_\_\_\_\_  
Country of issue: \_\_\_\_\_  
Details of any previous incident within the last 3 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Details of any convictions in the last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Details of any illness or physical disability: \_\_\_\_\_

## Vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_ CC: \_\_\_\_\_  
Year of Make: \_\_\_\_\_ Registration: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_  
Details of vehicle modifications: \_\_\_\_\_  
Who owns the vehicle: \_\_\_\_\_ Current Mileage: \_\_\_\_\_

## Use

Purpose of Journey: \_\_\_\_\_ Vehicle used in connection with Employment: \_\_\_\_\_  
Type of goods carried: \_\_\_\_\_ Own Goods? \_\_\_\_\_  
Was a trailer attached: \_\_\_\_\_ Type: \_\_\_\_\_

## Damage to policyholders vehicle/trailer

Extent of Vehicle Damage: \_\_\_\_\_ Area: \_\_\_\_\_  
Labour Cost: \_\_\_\_\_ Location of Vehicle: \_\_\_\_\_  
Extent of Trailer Damage: \_\_\_\_\_ Area: \_\_\_\_\_  
Labour Cost: \_\_\_\_\_ Location of Trailer: \_\_\_\_\_

## Circumstances surrounding the theft or malicious damage

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Circumstances of Theft or Malicious Damage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was the vehicle locked: \_\_\_\_\_ Where were the vehicle keys: \_\_\_\_\_

Was there any other security device fitted and in operation: \_\_\_\_\_

How long had the vehicle been left: \_\_\_\_\_ Location vehicle stolen from: \_\_\_\_\_

Police Station: \_\_\_\_\_ Police Officer: \_\_\_\_\_

Crime Reference No: \_\_\_\_\_ Date/Time reported: \_\_\_\_\_

Has the vehicle been recovered: \_\_\_\_\_ Date/Time recovered: \_\_\_\_\_

Who found the vehicle: \_\_\_\_\_

Where was vehicle found: \_\_\_\_\_

How was entry gained: \_\_\_\_\_ Anyone apprehended: \_\_\_\_\_

## Other insurance cover

Household number: \_\_\_\_\_

Policy No: \_\_\_\_\_

## Property stolen

Items	Purchase Date	Purchase Price	Value Now

## Declaration

For **Data Protection Act purposes**, I/we acknowledge that any personal data secured from me/us as a result of submission of this claim will be held and processed for insurance administration and claims investigation. For this purpose, the information may also be passed to selected third parties and reinsurers.

I/We consent to you processing sensitive data about me/us and other persons who may be insured under the contract. I/We understand that all personal data I/we supply must be accurate, and I/we have the specific consent of those other persons insured to disclose their personal data.

I/We declare that to the best of my/our knowledge and belief that the foregoing particulars are true in every aspect. I/We request you to deal on my/our behalf with the claims arising herein, in accordance with the terms and conditions of the above mentioned policy and I/we authorise you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom. I/We understand that you may seek information from other Insurers to check the answers I/we have provided. Telephone calls may be recorded.

Signature of Policyholder \_\_\_\_\_ Date: \_\_\_\_\_

## Important notice - please read carefully

Insurers and their agents 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. We also make enquiries with credit reference agencies who may note that an enquiry has been made about you.