

MOTOR VEHICLE – FIRE & THEFT CLAIM FORM

Please state fully and as accurately as possible all information asked below.

Name of Insured:	
Occupation:	
Address:	
Telephone No:	Policy No:

MOTOR VEHICLE

Make:	Model:	Year:	Registration No:
Engine and Chassis No:		Colour:	
Speedometer Reading:			
Any special distinguishing features or marks:			

GENERAL INFORMATION

Date of loss:	Time:	Place of occurrence:
If the vehicle was in use, state:-		
(a) Name and address of driver:		
(b) Age of driver:		
(c) Number, date and place of issue of driving licence:		
(d) Is the driver in your employ?		
(e) If so, in what capacity?		
(f) Purpose for which vehicle was being used:		
(g) Nature of goods carried, if any:		
(h) If vehicle is subject of an H.P. Agreement name Corporation:		

(i) Is the property lost or damaged insured with any other Corporation?

Please give a full account of circumstances surrounding the accident or loss:

IN THE EVENT OF FIRE PLEASE STATE

Probable cause of fire:

Nature of damage caused:

Name and address of any witness:

If fire occurred in a garage or building, please give name and address of proprietor:

IN THE EVENT OF THEFT PLEASE STATE

Have the Police been notified?:

By whom?:

If so, state name of policeman and station:

Was the vehicle left securely locked?:

Are the keys still in your possession:

Do you suspect any particular person(s)?:

If so give details:

Has vehicle been recovered?:

By whom?:

What damage has it sustained?:

Where may vehicle be inspected?:

Have any instructions for repairs been given:

Name of proposed repairs:

Estimated Repair Cost K:

