

Please return to:

Claims Department, COBRA Insurance Brokers Ltd
 Quadrant House, Croydon Road
 Caterham, Surrey, CR3 6TR

Please complete fully in **BLOCK CAPITALS**

T: 01883 346346 F: 01883 330222 E: claims@cobrainurance.co.uk

<u>1. INSURED</u>	
a. Name:	
b. Address:	
c. Telephone Number:	
d. Fax Number:	
e. Business/Occupation:	
f. Value Added Tax. Are you a registered person or company?	
g. Are there any other insurances in force upon the vehicle or the property stolen? If Yes, please provide details:	<u>Yes/No</u>

<u>2. DRIVER DETAILS</u>	
a. Name:	
b. Address – this should be the permanent address:	
c. Telephone Number:	
d. Age:	
e. Nationality:	
f. Occupation:	
g. Date of first full UK driving licence:	
h. How long has the driver been employed by you?	
i. Did the driver receive your authorisation to drive the vehicle?	<u>Yes/No</u>
j. Has the driver:	
i. been involved in any accident or loss during the last three years?	<u>Yes/No</u>
ii. been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle?	<u>Yes/No</u>
iii. ever been declined or refused renewal for vehicle insurance?	<u>Yes/No</u>
iv. Any physical defect, infirmity or impairment of sight or hearing?	<u>Yes/No</u>
If Yes to any of the above, please give details:	

3. INSURED VEHICLE

a. Make:	
b. Model:	
c. Engine size (c.c.):	
d. Registration Number:	
e. Year of Manufacture:	
f. Name of Hire Purchase or Finance House interested:	
g. Engine Number:	
h. Type of Body (e.g. saloon):	
i. Colour:	
j. Registration date of vehicle:	
k. Mileage at time of loss:	
l. Describe any marks or special features which could help to establish the identity:	
m. Detail any major parts which have been renewed in the last 2 months – please attach invoices:	
n. Detail any optional extras:	
o. Date of purchase:	
p. Detail the:	
i. Purchase price – please attach purchase invoice:	£
ii. Estimated value at time of loss:	£

4. CIRCUMSTANCES

a. Purpose for which the vehicle was being used for:	
b. Place of good being carried:	
c. Place and circumstance of loss:	
d. Date/Time(am/pm) vehicle left:	
e. Date/Time (am/pm) loss discovered:	
f. Detail how the vehicle was secured:	
g. Police Station to which loss was reported:	
h. Date/Time(am/pm) of report to Police:	

Motor Theft Claim Form

4. PROPERTY STOLEN

Full description of items	Owner of property	Date purchased or acquired	Net Cost Price	Deduction of age, use or wear and tear	Amount claimed

5. RECOVERY

a. Date/Time (am/pm) recovered:	
b. Where found:	
c. If damaged give details and forward estimates for repair:	
d. Where is the vehicle now and in whose custody?	

Insurance companies maintain a number of anti-fraud and theft registers to help check information and prevent fraudulent claims. Insurers may search these registers as part of their investigations and will pass information relating to this incident to the appropriate register(s) for the future reference of other parties.

4. DECLARATION

I/we declare that all particulars on this form are true and correct:

Name: Signature:

Status of Signatory: Date:

Please complete and return this form to COBRA Insurance Brokers as soon as possible.