

This form should be completed as fully as possible in BLOCK CAPITALS and returned immediately to your Broker with supporting documents.

with supporting documents.	
Insurance Broker Details	
Name & Address	
Postcode	Tel no.
Contact name	Email
Policyholder Details	
Policy No.	Policyholder Name

Occupation(s)

Address

Date of Birth

Postcode Tel no. Mobile

Vehicle / Trailer Details

Vehicle / Trailer Make Model

Registration No. / Chassis No. Year of manufacture

Value (£) Mileage of the vehicle/

Hours worked

Name of Registered Keeper displayed on the V5 Documents

Name of any finance or Leasing Co.

If claiming in respect of damage to a Trailer/Attachment please advise whether at the time of the incident the item was attached or detached and out of use.

Attached Detached

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If attached, please confirm the registration of the vehicle it was attached to.

Date vehicle was purchased Most recent service date

Approximate age of tyres at the time of theft

Details of any factory fitted or after market enhancements



Details of Circumstances Name of person in charge of vehicle at the time of theft	Address				
Date UK driving test passed					
Categories entitled to drive	Is this the us Yes	sual residence f No	or this vehicle	?	
Tel no.	If 'NO' please	e provide the u	sual address		
Mobile no.					
Date of birth					
Details of accidents in the last 3 years					
Is this driver the main user of the vehicle?	Yes	No			
Details of all motoring convictions					
Was vehicle being used with insured's permission?	Yes	No			
Was the driver an employee of the insured?	Yes	No			
What is the primary use for this vehicle?					
Theft Details					
Date of theft	Time of theft	t			
Exact location of theft					
Is this the usual residence for this vehicle?	Yes	No			
If 'NO' please provide the usual address					
Was the vehicle in a locked building?	Yes	No			
Was the vehicle locked?	Yes	No			
Was the vehicle fitted with an alarm/immobiliser?	Yes	No			
If 'Yes', was this activated at the time of theft?	Yes	No			
If an ATV, how was it secured?					
When was the vehicle last seen and checked?			AM	PM	
Where were the keys for the vehicle at the time of the th	eft?				



When were the police notified?			Crime Refe	rence No.		
Please give details of the police station	n and nai	me of attendin	g officer			
If your vehicle should be recovered once we have been notified of this theft, please advise us immediately. (If your vehicle has already been recovered, please complete questions on the following page.)						
Recovered Vehicle Damage D	etails					
Description of damage						
Is the vehicle drivable? Yes		No				
Is a claim being made for the loss of a	ny persoi	nal effects as a			Yes	No
Item description			Date of _I	purchase	Purchase _I	price
Please support these statements with	n an estir	mate for repair	r			
State the date the vehicle was recover	ed					
By whom was the vehicle recovered?						
Location of the vehicle now?						
Is the vehicle incurring storage charge:	s?	Yes	No			
Please Complete this Section if the Claim is for Audio Equipment Only						
				Jillent Of	шу	
Was this fitted as standard to the vehice	cle?	Yes	No			
Make	Model			Serial no.		



Value Added Tax	(Legal/Professional	Representation)
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Are you VAT registered?	Yes	No	
Can you recover 100% VAT for this claim?	Yes	No	
f not, what percentage can you recover?		%	

Please read these notes carefully and complete the questions as appropriate

- a. It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, onyour behalf. Where we consider such services necessary we will pay the cost. The services provided attractValue Added Tax.
- b. These services are treated as being supplied to a policyholder and not to their insurers. If you are registeredfor V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, tosend their tax invoice to you when their costs are due. The V.A.T. element should be paid by you andrecovered from H.M. Customs and Excise in the usual way.
- d. We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

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.

DECLARATION

I/We understand that in handling this claim, AIUA (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that I/We confirm our informed consent to the claim being handled on this basis.

I/We understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I/We confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.				
You must read the declaration before signing.				
Signed	Date			
If you are not the insured person, please state your relationship to them				