

If you need any help with this form, please contact our Frank Risk Management office on (07) 903 5000.

Warning

If you supply any untrue or false information and know that it is not true the insurer shall have the right to refuse the claim. We recommend that you read the Claims section of your policy. Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A". You must not incur any expense (unless it is to minimise the loss), or admit fault, without your insurer's permission.

Part A: The Insured

Name of insured:

Postal address: Date of birth: / /

Best contact phone no:

Email:

Insurer: Policy number:

Part B: Insured Vehicle

Year:	Make and Model:	Finance/Hire Purchase:	Registered Number:	Number and Expiry Date of Warrant of Fitness:

Part C: Person in charge of Insured Vehicle

Has the driver had any other accident, loss or claim in connection with any motor vehicle during the past five years? Yes No

Has the driver even been charged or convicted for any criminal or motoring offence or received any traffic infringement notice? Yes No

If 'Yes', please give all details below.

Part D: Theft Details

Date and place of theft: Time: AM PM

From what address was the vehicle stolen?

Where was the vehicle parked? (Delete those not applicable) Garage / Carport / Driveway / Parking Area / Roadside / Other (Please give details below)

When did you last see the vehicle?

Were all the doors locked and windows closed? Yes No

Where were the keys to the vehicle when the theft occurred?

When did you discover the theft had occurred?

Was the vehicle stolen or parts only?

If parts only, please give details:

Where are all the sets of keys now?

Part E: Condition of the Vehicle

At the time of the theft did the vehicle have any defects in the following:

Bodywork? Yes No If 'Yes', please describe

Mechanical? Yes No If 'Yes', please describe

Where is the vehicle usually serviced or repaired?

Part F: Police Details

Has the theft been reported to the Police? Yes No
If 'Yes',
(a) To which Police Station?
(b) Date
(c) Please attach the Complaint Acknowledgment Form

Part G: Recovery

Has the vehicle been recovered? Yes No
If 'Yes',
(a) When was it found?
(b) Where was it found?
(c) Who found it?
(d) Where is it now?
(e) Is it damaged? Yes No
If 'Yes', please give details
.....
(f) Have any accessories been removed? Yes No
If 'Yes', please give details
.....
(g) Have you any suspicions who the offender was? Yes No
If 'Yes', please give details
.....
(h) Have you any other information relevant to this claim? Yes No
If 'Yes', please give details
.....

Part H: Declaration and Signature

- 1 I authorise the insurer to move the vehicle to a claims assessing centre for examination and assessment if recovered.
 - 2 MATERIAL FACTS (a) All information provided in connection with this claim (whether oral or written) is true and correct;
(b) No information relevant to the claim is omitted.
 - 3 USE OF INFORMATION (a) My personal information collected in connection with this claim may be disclosed to:
(i) other members of the insurance industry and Insurance Claims Register Ltd;
(ii) parties repairing or replacing the subject matter of the claim;
(iii) parties who have a financial interest in the subject matter of the policy;
(b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer.
- PLEASE NOTE
- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, your claim may be declined.
 - This information is held by the insurer and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
 - Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required):

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Date: / /