



**MOTOR CLAIM FORM – FIRE & THEFT ONLY**

<b>Policyholder</b>		<b>Policy Number</b>	
Address			
		Postcode	
Email Address		Mobile Tel No	
Telephone Number		Fax No.	
Occupation / Business			
Are you registered with Customs & Excise as taxable for vat?		If partially exempt what % can you reclaim?	

<b>THIS SECTION MUST BE COMPLETED IN FULL</b>				<b>Please give full details of the last person to drive the vehicle</b>			
Name		Occupation		Date of Birth			
Address							
State class of licence held & date of passing driving test for vehicle involved in the incident							
Licence number		Groups		Expiry Date			
Give details of all motoring convictions and prosecutions pending (i.e. charge : date : penalty)							
Give details of all accidents or losses in the last three years							
Give details of any physical defect, infirmity, defective vision or hearing							

<b>Vehicle details</b>							
Make / Model		Year of make		Reg. no.			
Type of body and no. of seats		Commercial vehicle Gross Vehicle Weight (GVW)					
Policyholder's value of vehicle		For what purpose was the vehicle being used?					
If goods were being carried for business purposes please state below the nature of the load and the name and address of the owners of the load							
How many passengers were being carried?							
<b>Details of any Towing Unit/Trailer ( if applicable)</b>							
Make and Model and Year of Manufacture/ Value						€	
How many passengers were being carried?							

<b>FOR THEFT CLAIMS - Has the vehicle been recovered?</b>				
Where was the vehicle found?				
<b>FOR FIRE OR THEFT CLAIMS</b>				
Give details of the damage.				
Is the vehicle still in use (i.e. mobile and road-worthy)?			Estimated cost of repairs	€
When and where can the vehicle be examined? (please provide a phone number if possible)				
Details of any pre-existing damage				



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*Please note that if the damage to your vehicle is covered under the policy and the vehicle is considered beyond economical repair it should be moved to free and safe storage to avoid unnecessary storage charges.*

*Any personal effects should be removed from the vehicle immediately.*

**TO BE COMPLETED FOR THEFT CLAIMS ONLY**

**Description of theft**

Date of theft		Time of theft	
Place vehicle stolen from		Street / Town / County	
When was the vehicle last seen and by who?			
Who discovered the vehicle missing?			
Date and time the theft was discovered?			
Date & time the theft was reported to the Garda			
Garda name	Number	Station	
Crime Ref No			

**If the vehicle has been found please advise how it was discovered and by who (if known).**

Where all the doors and windows securely locked?

Was the key removed from the vehicle?

Is the vehicle fitted with an alarm? If fitted was this activated?

Is the vehicle fitted with an immobiliser? If fitted was this activated?

Where any other precautions taken to prevent the vehicle from being stolen?

Has anyone been arrested in respect of this incident?

If so please give full details below.

Do you suspect anyone of being involved in the theft? If so give details.

What are the reasons for your suspicions?

**Written Description of the Incident**



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<b>Description of Fire</b>			
Date and Time of fire			
Address where fire occurred			
Where the Fire Brigade Involved? If so provide details of the Brigade			
Fire Brigade Ref Number			
Has the cause of the fire been established?			
If cause established please provide details			
Do you suspect anyone of being involved in the incident? If so give details below.			
What are the reasons for your suspicions?			
<p><b>Notice &amp; Declaration</b> (please read carefully)</p> <p><b><i>Notice: Insurers exchange information with other Insurers and other organisations through various databases. 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 may then pass information relating to this incident To the other databases.</i></b></p> <p><b><i>Declaration: I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will render every assistance required by the Underwriters.</i></b></p>			
Policyholder's or Company Official's Signature		Date	

Any additional information should be placed on the next sheet.



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PLEASE USE FOR ANY ADDITIONAL INFORMATION YOU FEEL NECESSARY.





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<b>Policyholder's or Company Official's Signature</b>		<b>Date</b>	
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