

# EQUITY RED STAR

Cardigan House, Castle Court, Phoenix Way, Enterprise Park,  
Llansamlet, Swansea, SA7 9LA.  
Claims Assistance - Tel: (01792) 762700 Fax: (01792) 762799



# MOTOR VEHICLE THEFT REPORT FORM

## 1 POLICYHOLDER

Name _____ Address _____ _____ _____ Postal Code _____ Occupation _____ Telephone No. Home _____ Business _____ Driving Licence No. _____ Date of Birth _____	Where the policy covers damage/loss of the vehicle, please complete the following  Is the vehicle owner Registered for VAT purposes? YES / NO If YES state if the VAT included in the cost of repairing or replacing the vehicle can be recovered. a) Completely b) Partially _____ % c) Not at all (delete as necessary) Are you the actual owner of the insured car? YES / NO If NO who is? _____
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2 Policy/Certificate Number \_\_\_\_\_ Broker or Agent \_\_\_\_\_ Renewal Date \_\_\_\_\_

## 3 VEHICLE

Please state exact specification e.g. Manual/Automatic RH/LH Drive GT.GTL.XL. Super. etc, Saloon/Coupe/Sports/Estate/Hatch:2/3/4/5 Door

Make and Model \_\_\_\_\_ Registration No \_\_\_\_\_  
Year \_\_\_\_\_ Engine Capacity C.C.: \_\_\_\_\_ Petrol/Diesel Details of trailer (if any) \_\_\_\_\_

## 4 PERSON IN CHARGE, OF THE VEHICLE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Licence No. \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ If your permanent Driver, how long has he been in your employ? \_\_\_\_\_  
Has he/she in his/her own name, a Motor Insurance Policy? YES/NO If so please state name of Insurers and the Policy Number \_\_\_\_\_  
Has he/she any physical infirmity, or defective vision or hearing, or lost a limb or an eye? YES/NO If so give details \_\_\_\_\_  
Since when has he/she been licensed to drive? \_\_\_\_\_ Date test passed \_\_\_\_\_  
Has he/she been convicted of any motoring offences? YES/NO If so give details \_\_\_\_\_  
Last use of vehicle prior to incident \_\_\_\_\_

## 5 THE OCCURRENCE

Date of Theft \_\_\_\_\_ Time \_\_\_\_\_ (a.m. / p.m.)  
Place: Street or Road \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_  
To which Police Station was the Theft reported? \_\_\_\_\_  
When was the Theft reported to the Police? Date \_\_\_\_\_ Time \_\_\_\_\_ (a.m. / p.m.) Crime Book Ref. \_\_\_\_\_  
By whom was the Theft discovered? \_\_\_\_\_  
Was the vehicle locked and the ignition key removed prior to the Theft? YES/NO  
State the circumstances in which the Theft occurred \_\_\_\_\_  
Has the vehicle recently been offered for sale YES/NO

## 6 IF THE VEHICLE HAS BEEN FOUND AND HAS SUSTAINED DAMAGE (please complete the following)

Where was the vehicle found? \_\_\_\_\_  
Was the vehicle found by Police? YES/NO If NO, by whom, please state their Name and Address \_\_\_\_\_  
\_\_\_\_\_  
Have Police charged any person(s) in connection with the theft? YES/NO If YES, state the name and address of person \_\_\_\_\_  
\_\_\_\_\_  
Details of Damage \_\_\_\_\_  
Where may our Engineer inspect the vehicle? \_\_\_\_\_  
Is the vehicle there now? YES/NO

