

2 Driver/User *continued*

- d** Has the driver
- i** any physical or mental defect, impairment of sight/hearing diabetes or epilepsy?
Yes No
 - ii** any motoring convictions in the last **5 years** or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?
Yes No
 - iii** any previous accidents, losses or thefts in the last **3 years**?
Yes No
 - iv** any criminal convictions (or been charged with a criminal offence but not yet tried)?
Yes No
- v** any County Court Judgements registered against him/her in the past **6 years** or defaulted on any credit agreement (including loans)?
Yes No
- If **yes** to questions **i** to **v**, give details
- | |
|--|
| |
| |
| |
| |
| |
| |
| |

3 Details of Vehicle and Use

- Make Model
- Cubic Capacity Colour
- Registration Number Year
- a** What is the present mileage of the car?
 - What is the annual mileage?
 - Estimate of Current Value
 - b** State the exact reason for the journey
 - c** Travelling from to
 - d** Has the vehicle been modified/alterd? Yes No
 - e** Was the vehicle being used in connection with the occupation of the Policyholder or Driver?
Yes No
 - f** Does the Policyholder own or have the use of more than one vehicle?
Yes No
- If **yes** to questions **d**, **e** or **f**, give details, including Policy No and name of Insurers of other vehicles.
- | |
|--|
| |
| |
| |
| |
- g** Is the Policyholder the owner and registered keeper?
Yes No
- If **no**, state name and address or Owner/Registered Keeper Owner's Insurers and Policy/Certificate No
- | |
|--|
| |
| |
| |
| |
- h** Is the Policyholder the main user of this vehicle?
Yes No
- If **no**, give details
- | |
|--|
| |
| |
| |

4 Details of Vehicle as yet unrecovered

- a** Date of Purchase (dd/mm/yyyy)
- Price paid Estimate of current value
- b** Condition of vehicle prior to theft
- c** Name and address from where vehicle was purchased
- d** Any distinguishing marks?

8 Details of Fire

a Date (dd/mm/yyyy) Time

Place

b Were Fire Brigade in attendance? Yes No

If yes, give name of Fire Station

c Was there ignition, i.e. any flames? Yes No

d Circumstances of the fire

e Last date of service/repairs (dd/mm/yyyy)

9 Please enclose the following

A copy of the whole of the policyholder's and person in charge of the vehicle's driving licence. If the vehicle is unrecovered/recovered seriously damaged, please enclose in addition:

a	Vehicle Registration Document	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b	Purchase Documents	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c	MOT Certificate (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d	Service Receipts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e	Repair/Maintenance Receipts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f	Copy of H.P. or other finance agreement form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g	A recent photograph of the vehicle	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
h	All sets of keys	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

An explanation must be provided below for each item not enclosed

I declare that to the best of my knowledge and belief the details given are true. I understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. If the vehicle is beyond repair I authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give consents as may be considered necessary for the disposal of such claims and litigation arising. I authorise the release of my DVLA records. I understand you may seek information from other Insurers to check the answers I have provided.

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.

Signed (Policyholder)	Signed (Driver)	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

