

TRAVELERS

## Motor Fire or Theft Claims Form

To complete this e-form, fill in the designated highlighted fields. Please ensure you save the form to your computer. You can then either print it and return it to your broker by post or email the electronic version. Alternatively send the form directly to: Travelers Insurance Company Limited, Commercial Claims, 61-63 London Road, Redhill, Surrey RH1 1NA. Tel: 0800 587 8388 Email: [reportclaim@travelers.com](mailto:reportclaim@travelers.com)

### IMPORTANT

We wish to make the processing of your claim as trouble-free as possible. In order to do so, please ensure that all questions are fully answered and all required documents are enclosed.

**PLEASE ANSWER EVERY QUESTION FULLY – FAILURE TO DO SO WILL RESULT IN DELAY**

*The issue of this form is not an admission of liability*

Policy Number/Certificate or Cover Note Number

Broker

### Insured Details

Title ( <i>Mr/Mrs/Miss/Ms/Dr</i> )	First Name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address ( <i>private</i> )	Address ( <i>business</i> )
<input type="text"/>	<input type="text"/>

Telephone Number ( <i>private</i> )	Telephone Number ( <i>business</i> )
<input type="text"/>	<input type="text"/>

Cover applicable      Comprehensive       Third Party Fire and Theft

All occupations (*full and part time*)

Are you registered for VAT?      Yes       No       If 'Yes', is VAT recoverable from the Tax Authorities?      Yes       No

## Details of person in charge of vehicle immediately prior to the fire/theft

This section MUST be completed even if the vehicle was in the charge of the Insured or if it was parked and unattended.

Title (Mr/Mrs/Miss/Ms/Dr)	First Name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	How long resident in UK?	Date UK driving test passed	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Driving licence number	Licence expiry date	
	<input type="text"/>	<input type="text"/>	

Type of licence (please tick as appropriate)

Full UK  Provisional  EEC  Other  Please state

Relationship of driver if other than insured (please tick as appropriate)

Spouse  Child  Parent  Friend  Employee  Other  Please specify

Have you or the driver ever been convicted of any offence (whether a motoring or a dishonesty offence) or received a fixed penalty notice? Yes  No

Have you or the driver ever been involved in any accident? Yes  No

Have you or the driver ever been involved in any other incident in connection with a motor vehicle? Yes  No

Have you or the driver ever been refused insurance or had any insurance cancelled or been refused renewal? Yes  No

Does the driver suffer from any physical or mental disability? Yes  No

If the answer to any of the above questions is 'Yes', please give full details below.

Date	Driver	Details	Conviction Type/Code	Fine/Sentence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical/Mental Disability

## Details of Insured Vehicle

Registration No.	Year of make	Make & exact model	Colour	CC (or GVW if CV)	Estimated value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Name and address of last servicing agent
- Mileage reading at time of fire/theft
- Date of last mechanical work to the vehicle (by Insured or Garage)
- Type of mechanical work completed
- Is the vehicle owned by the Insured? Yes  No
- Is the vehicle registered in the Insured's name? Yes  No

If the answer to either of the above questions is 'No' give full details of the owner/keeper and the insurers of the vehicle below

7. State where vehicle is normally kept overnight:

Garage  Private Drive  Roadside

8. Date of purchase

9. Purchase price

10. Name and address of person from whom vehicle purchased

11. Has the vehicle been modified in any way? Yes  No

*If 'Yes' give full details*

12. Is the vehicle subject to Hire Purchase or Lease? Yes  No

*If 'Yes' give full name and address of Finance company or Lessors*

HP Agreement Number /Lease Contract No

### Damage to vehicle by fire/theft (if recovered)

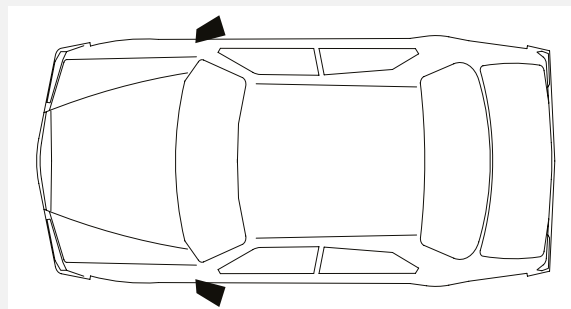
Describe the damage to your vehicle

Indicate area of damage to the vehicle

**Show impact thus xxxx**

Insured's vehicle

Front



Rear

Estimated repair costs to vehicle?

Repairer's name and address

Telephone No:

Is your vehicle at the repairer now? Yes  No

If not, what arrangements have been made?

**If cover is comprehensive, two competitive estimates should be obtained and forwarded to us immediately. If the vehicle is a "total loss" Travelers will remove it to their own nominated storage depot for safe keeping whilst negotiations proceed. Such steps are not to be taken as an admission that any liability attaches under the policy.**

## Use of Vehicle at Time of Accident

Please state EXACT USE of the vehicle prior to Fire/Theft (if vehicle not being used, then use prior to parking)

(Please note Social/Pleasure etc is not adequate: detailed description is required)

Number of passengers carried

Were the passengers wearing seatbelts?

If a commercial vehicle, state weight of load

If a commercial vehicle, state nature of goods being carried

## Type of Incident – completed A or B as applicable

### A) If Fire

1. State date

and time

2. State cause of fire (if known)

3. Address of fire brigade that attended

### B) If Theft

4. State date vehicle left

and time

5. State date and time vehicle discovered missing

6. Exact location when left

7. Was incident reported to police

Yes

No

State date and time reported to Police

Police Officer's name and no.

Name and address of police station

Crime reference/incident number  
(MUST be obtained)

8. Was any security system fitted and operational?

If 'Yes' give full details

9. Were all doors locked and in working order?

Yes

No

10. Were all windows closed?

Yes

No

11. State any other precautions taken to prevent theft

Yes

No

If 'Yes' give full details

12. Were the keys in the ignition? Yes  No

13. Date vehicle recovered (if applicable)

14. Address where found

15. Name of the person who found the vehicle

16. Date vehicle recovered (if applicable)

Time vehicle recovered (if applicable)

### Description of Incident

Describe FULLY how the fire/theft occurred

1. State names and addresses of any persons having knowledge of the loss circumstances

2. Have the Police apprehended any person in connection with this incident? Yes  No

If 'Yes' please give FULL details

If vehicle remains missing after two weeks, please forward:

1. Vehicle Registration Document
2. Certificate of Insurance
3. MOT Certificate
4. Vehicle keys (including spare set)
5. Full service history (if available)
6. Purchase receipts for vehicle and items missing
7. Any other documents to establish value, condition of vehicle

Note: All documents provided should be the originals

**Loss of Personal Effects and/or Accessories (executive class policies only)**

<i>Details of items lost</i>	<i>From whom purchased</i>	<i>Purchase date</i>	<i>Purchase price</i>	<i>Present estimated value</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State name and address of any other Insurer of the stolen items i.e. All Risks or Household Policies

**IMPORTANT NOTES**

Insurance companies maintain a number of anti-fraud and theft registers to help us check information and prevent fraudulent claims. We may search these registers as part of our investigation and we will also be passing information relating to this incident to the appropriate register(s) for the future reference of other parties.

**Declaration**

By submitting this form you declare that the foregoing particulars are true to the best of your knowledge and belief. You authorise Travelers to make such admissions on your behalf as it deems appropriate and you agree to render to Travelers all assistance in the investigation of the claim. You further agree to provide such assistance as may be necessary in pursuing recovery of any outlay.

Name  Date

Position/Job Title

**Please ensure**

All questions have been answered