

Motor Vehicle, Fire, Windscreen or Theft

Report form

Please complete Section A and then either B, C or D as relevant.

Section A: Insured

Policy number _____ Renewal date _____

Name of insured _____

Address _____

Telephone number _____ Trade or occupation _____

V.A.T. status

Are you registered as a taxable person for V.A.T.? Yes No

If so, please state V.A.T. registration number _____

Are you able to obtain a full remission of tax from customers? Yes No

If not, what percentage? _____

Insured vehicle

Make _____ Model _____

Registration number _____ Cubic capacity _____ Year _____

Is vehicle owned by insured? Yes No

If not, state owner _____

Damage to vehicle - describe fully _____

When and where can vehicle be inspected? _____

Is vehicle driveable at present? Yes No

Estimated cost of repairs £ _____

The repairer's detailed estimate should be sent as soon as possible.

No estimate is necessary for claims under Section C.

Licence particulars - Private/Commercial/Class _____

Carrying capacity _____ Weight of load _____

Number of passengers _____

Purpose for which vehicle was being used - Private/Business _____

Section B: To be completed in the event of loss or damage by fire, self ignition, lighting or explosion only

In whose custody was the vehicle at the time the damage occurred? _____ Age _____

Please state precise cause of damage _____

Please state date and time of incident _____

Where did incident occur? _____

If damage was due to negligence of any third party, give name and address _____

In what respect do you consider the third party negligent? _____

If Fire Brigade attended, please give address of station who gave assistance _____

If Police advise, please give address of station involved _____



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Section C: To be completed in the event of damage to windscreen only

In whose custody was the vehicle at the time the damage occurred? _____ Age _____

Please state date damage occurred _____

Please state where damage occurred _____

Please advise exactly how damage occurred _____

Please state type of windscreen originally fitted _____

Is the replacement windscreen of the type originally fitted? Yes No

If not, state approximate cost of replacing the same type of glass £ _____

Section D: To be completed in the event of theft or attempted theft only

In whose charge was the vehicle when the theft occurred? _____ Age _____

Please state approximate time and date of theft _____

Where did theft occur? _____

How long was vehicle left unattended? _____

Please state the circumstances in which the theft occurred _____

Please state precautions taken to protect vehicle against theft _____

At what station were the police notified and when? _____

If vehicle now recovered, please state date of recovery and circumstances _____

If claim for loss of vehicle

Please state when vehicle purchased _____ Purchase price £ _____

From whom? _____

Approximate mileometer reading at time of theft _____

Approximate pre-theft mileage of vehicle (if different from above) _____

Please give details of any major repair work or overhaul carried out during the last 12 months

Please advise when vehicle last professionally serviced _____

If available, enclose the service account

Please advise approximate age and condition of each tyre

Please state colour of bodywork and condition of paint _____

If claim for loss of rugs, clothing, personal effects and/or accessories, please list items lost providing receipts of purchase where available

Description of item	Date of purchase	Purchase price	Amount claimed after allowance for depreciation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To whom did these items belong? _____

Is there any other insurance in force on these items? Yes No

If so, give particulars _____

I/We declare the foregoing particulars to be true to the best of my/our knowledge and belief, the above statements are truly made and that I/we have withheld no material fact concerning this claim. I/we also declare that there was no other insurance in force on the vehicle at the time of loss or damage.

Insured's signature _____ Date _____

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 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.