

Motor Theft Claim Form



Please help us to help you by:

- making sure the information you give is as clear and complete as possible
- completing all the relevant sections of this form
- remembering to sign and date this form

Claim reference

1. Insured:

Policy number

Name

Address

Telephone numbers

Home Work Mobile

Occupation

Email address

Are you registered for VAT ?

Yes No

2. Insured's Vehicle:

Make and Model

Registration number

Are you the owner ?

Yes No

If 'No' state name and address of owner

Address

Was an immobiliser fitted to the vehicle ?

Yes No

Is the vehicle the subject of a Leasing Agreement ?

Yes No

Name of Leasing Company:

Address

Account number

Has the vehicle been recovered ?

If Yes please proceed to section 3

If No please proceed to section 4

3. Damage to Insured's Vehicle:

If the damage to your vehicle is covered, using one of our Recommended Repairers offers advantages including guaranteed repairs and speedier settlement of your claim. If not previously advised details of your nearest Recommended Repairer can be obtained by phoning 1890 92 42 28.

Details of damage

Repairer's name

Address

Telephone

Estimated cost of repairs

Where can the vehicle be inspected ?

Please proceed to Section 5

4. Unrecovered Vehicles:

This information is available on your ownership documents.

Chassis / VIN number

Year of Make

Mileage

Date of purchase

Price paid

Estimated value at time of loss

Please describe any modifications or extras fitted to the vehicle

What enquiries have been made and action taken to recover the vehicle ?

Please proceed to Section 5

5. Circumstances:

If known, describe how the vehicle was stolen

Date vehicle was last seen

Time

am/pm

Place vehicle was last seen

Name of last person in charge

Address

Date of birth

Driving licence number

Was the last person in charge employed by you ?

Yes

No

Date loss/damage was discovered

Time of the loss or damage

am/pm

Was the vehicle in a garage ?

Yes

No

Was vehicle locked and key removed ?

Yes

No

Was immobiliser fitted and in operation ?

Yes

No

Address of Garda station to which loss was reported to

Crime reference number

Has anyone been held amenable for the theft ?

Yes

No

If 'Yes' give details

State purpose for which vehicle was being used prior to theft

Garda Stamp

If the loss of vehicle or contents is covered by any other insurance give details:

Insurer Name

Insurer Address

Policy Number

6. Articles in Insured Vehicle:

If covered by the policy please complete in the event of theft or damage to articles in the Insured vehicle.

Please also forward receipts/estimates in support of your claim.

1. Description of Article

Date of purchase

Current replacement price

€

Amount claimed after wear/tear

€

If property not your own, give owner name

2. Description of Article

Date of purchase

Current replacement price

€

Amount claimed after wear/tear

€

If property not your own, give owner name

3. Description of Article

Date of purchase

Current replacement price

€

Amount claimed after wear/tear

€

If property not your own, give owner name

4. Description of Article

Date of purchase

Current replacement price

€

Amount claimed after wear/tear

€

If property not your own, give owner name

Declaration

- 1 I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.
- 2 I/We am/are aware that it is a CRIMINAL offence to defraud, or to attempt to defraud an insurer and that should I/we do so I/we may be prosecuted.
- 3 I/We am/are, by this notice, aware that Royal & SunAlliance will retain records of this claim and that they may release certain information to other insurers or other interested parties.

Signature(s)

(Insured)

Date

Signature(s)

(Driver if different)

Date

Royal & SunAlliance records and data are kept and used in accordance with the Data Protection Act.

IMPORTANT

If the vehicle has been stolen and has not been recovered or has been damaged beyond repair, when returning the form would you please also send us the following:

- (i)* **Vehicle licencing cert and vehicle registration cert for vehicles registered 1993 and after**
- (ii)* **RF2 Form (Available from Garda Stations) and vehicle log book for vehicles registered before 1993**
- (iii) **All keys available**
- (iv) **Any servicing documents**
- (v) **Insurance Certificate**

*** When sending the vehicle registration documents and RF2 Form please sign your name against "Sellers Signature".**

Additional information



The Claims Department, Royal & SunAlliance, 13/17 Dawson Street, Dublin 2.

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