

# MOTOR THEFT & FIRE FORM



POLICY NUMBER

CLAIMS REFERENCE

1

POLICY HOLDER

MR/MRS/MISS/MS

FORNAME (S)

SURNAME

DATE PREMIUM PAID (DD/MM/YYYY)

HOME ADDRESS

POSTCODE

TELEPHONE NUMBER

BUSINESS ADDRESS

POSTCODE

TELEPHONE NUMBER

AGE

DATE OF BIRTH (DD/MM/YYYY)

PRECISE OCCUPATION(S) (FULLTIME/PART TIME)

EMPLOYERS BUSINESS

IS THE VEHICLE OWNER VAT REGISTERED?

YES

NO

THANK YOU FOR YOUR INFORMATION

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# MOTOR THEFT & FIRE FORM



2

## DRIVER/USER

MR/MRS/MISS/MS

FORNAME (S)

SURNAME

PRECISE OCCUPATION(S) (PART/FULL TIME)

EMPLOYERS BUSINESS

HOME ADDRESS

POSTCODE

TELEPHONE NUMBER

AGE

DATE OF BIRTH (DD/MM/YYYY)

DOES THE DRIVER/USER HOLD A UK DRIVING LICENCE FULL OR PROVISIONAL ?

YES

NO

IF YES, PLEASE INDICATE

FULL

PROVISIONAL

HAS THE LICENCE BEEN HELD FOR OVER 12 MONTHS?

YES

NO

HAS THE DRIVER ANY MOTOR INSURANCE IN HIS/HER OWN NAME?

YES

NO

IF YES, STATE INSURERS, POLICY CERTIFICATE NO

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3

DRIVER/USER

## D. HAS THE DRIVER

I. ANY PHYSICAL OR MENTAL DEFECT, IMPAIRMENT OR 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 THEFT 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 COUNTRY COURT JUDGMENTS REGISTERED AGAINST HIM/HER IN THE PAST 6 YEARS OR DEFAULTED ON ANY CREDIT AGREEMENT (INCLUDING LOANS)?

YES  NO

IF YES TO QUESTION I TO V, GIVE DETAILS

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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/ALTERED?

YES

NO

E. WAS THE VEHICLE BEING USED IN CONNECTION WITH THE OCCUPATION OF THE POLICYHOLDER OR DRIVER?

YES

NO

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3

## DETAILS OF VEHICLE AND USE

F. DOES THE POLICYHOLDER OWN OR HAVE USE OF MORE THAN ONE VEHICLE?

YES  NO

IF YES TO QUESTION 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

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## 4 DETAILS OF VEHICLE AS YET UNRECOVERED

### A. DATE OF PURCHASE

### PRICE PAID

### ESTIMATE OF CURRENT VALUE

### CONDITION OF VEHICLE PRIOR TO THEFT

### NAME AND ADDRESS FROM WHERE VEHICLE WAS PURCHASED

### ANY DISTINGUISHING MARKS?

## 5 DETAILS OF VEHICLE RECOVERY (IF RECOVERED)

### DATE RECOVERED (D/MM/YYYY)

### TIME

### WHERE WAS THE VEHICLE FOUND?

### WHO FOUND IT?

### HAD THE VEHICLE BEEN INVOLVED IN AN ACCIDENT?

YES

NO

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## 5 DETAILS OF VEHICLE RECOVERY (IF RECOVERED)

HOW WAS ENTRY MADE INTO THE VEHICLE?

ANY OTHER RELEVANT INFORMATION- INCLUDING HOW THE RECOVERY WAS BROUGHT TO YOUR ATTENTION

IS THE VEHICLE DRIVABLE

YES

NO

EXTENT OF DAMAGE:

NONE

MINOR

EXTENSIVE

BEYOND REPAIR

BRIEF DETAILS OF DAMAGE

LOCATION OF VEHICLE

IF VEHICLE IS DAMAGED BEYOND REPAIR WE MAY MOVE IT TO SAFE STORAGE- PLEASE REMOVE YOUR PERSONAL EFFECTS.

THANK YOU FOR YOUR INFORMATION

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# MOTOR THEFT & FIRE FORM



6

## CIRCUMSTANCES OF THEFT

### VEHICLE LAST SEEN

DATE (DD/MM/YYYY)

TIME

EXACT LOCATION

### LOSS DISCOVERED

DATE (DD/MM/YYYY)

TIME

EXACT LOCATION

WAS THE VEHICLE LOCKED?

YES

NO

WAS THE IGNITION KEY REMOVED?

YES

NO

WERE THE WINDOWS/OPENING CLOSED?

YES

NO

IF THE VEHICLE FITTED WITH AN  
ALARM/IMMOBILISIER- WAS IT ACTIVATED?

YES

NO

G.DETAILS OF ANY OTHER ANTI-THEFT PRECAUTIONS

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H. WAS THE STEERING LOCK SET AND IN OPERATION?

YES

NO

I. POLICE STATION TO WHICH THE THEFT WAS REPORTED

J. DATE AND TIME OF REPORT TO POLICE

DATE (DD/MM/YYYY)

TIME

K. POLICE /CRIME REFERENCE NO ALLOCATED TO THEFT

I. HAS ANY PERSON(S) BEEN APPREHENDED?

YES

NO

M. DO YOU OR THE POLICE KNOW OR SUSPECT WHO WAS RESPONSIBLE?

YES

NO

IF YES TO QUESTIONS I OR M, PLEASE GIVE DETAILS

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**N. HOW REGULARLY IS THE VEHICLE PARKED AT THIS LOCATION?**

**O/WHERE WERE THE KEYS AT THE TIME OF THE THEFT?**

**P. WHAT WERE THE CIRCUMSTANCES LEADING UP TO**

**I. LEAVING THE VEHICLE?**

**II. ON DISCOVERY OF LOSS?**

7

## LOSS OR DAMAGE TO PROPERTY

DESCRIPTION OF ARTICLE (EG. MAKE/MODEL)	OWNER	WHERE WAS ARTICLE LEFT IN VEHICLE	DATE PURCHASED (DD/M/YYYY)	AMOUNT PAID	AMOUNT CLAIMED

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# MOTOR THEFT & FIRE FORM



8

## DETAILS OF FIRE

A. DATE (DD/MM/YYYY)

TIME

PLACE

WHERE FIRE BRIGADE IN ATTENDANCE?

YES

NO

IF YES, GIVE NAME OF FIRE STATION

WAS THE IGNITION, IE 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.

AN EXPLANATION MUST BE PROVIDED BELOW FOR EACH ITEM NOT ENCLOSED

A. VEHICLE REGISTRATION DOCUMENT

YES

NO

B. PURCHASE DOCUMENTS

YES

NO

THANK YOU FOR YOUR INFORMATION

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C. MOT CERTIFICATE (IF APPLICABLE)

YES

NO

D. SERVICE RECEIPTS

YES

NO

E. REPAIRS/MAINTENANCE RECIPITS

YES

NO

F. COPY OF H.P OR OTHER FINANCE AGREEMENTS FORM

YES

NO

G, A RECENT PHOTOGRAPH OF THE VEHICLE

YES

NO

H. ALL SETS OF KEYS

YES

NO

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 BENEFITS UNDER THE POLICY SHALL BE FORFEITED AND CRIMINAL PROCEEDING 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 LITIGATIONS 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 CONDITION 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 (POLICY HOLDER)

SIGNED (DRIVER)

DATE (DD/MM/YYYY)

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