Motor Insurance Anti Fraud and Theft Register

A
AMEND

Enter INSURER, BRANCH and CLAIM NUMBER, with details which require amendment only

DATE: ☐☐ ☐☐ ☐☐☐☐ ACTION REQUIRED: AMEND (A) ☐

INSURER: ☐☐☐ BRANCH: ☐☐☐☐ CLAIM NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

THIRD PARTY CLAIM? Y/N : ☐ JOINT POLICY HOLDER? Y/N: ☐ INSURED & JOINT POLICY HOLDER? Y/N: ☐ UNKNOWN? Y/N: ☐

IS CLAIMANT PERSONAL (P) OR CORPORATE (C)? ☐

DETAILS OF CLAIMANT, (WHETHER THIRD PARTY OR INSURED)

FULL NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ DATE OF BIRTH: ☐☐ ☐☐ ☐☐☐☐

ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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DATE OF LOSS (OR DATE REPORTED IF NOT EXACTLY KNOWN) ☐☐ ☐☐ ☐☐☐☐

NON-COMPREHENSIVE POLICY? ☐ UNKNOWN? ☐ MILEAGE: ☐☐☐☐☐☐

SELECT TYPE OF LOSS: THEFT: ☐ DAMAGE: ☐ RECOVERED UNDAMAGED: ☐ RECOVERED TOTAL LOSS: ☐ RECOVERED DAMAGED: ☐

CAUSE OF DAMAGE: ACCIDENT: ☐ FIRE: ☐ WATER: ☐

SALVAGE CATEGORY: CATEGORY A: ☐ CATEGORY B: ☐ CATEGORY C: ☐ CATEGORY D: ☐

VRM ☐☐☐☐☐☐☐

VEHICLE MAKE: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MODEL: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VIN OR CHASSIS NUMBER (NOT ENGINE NUMBER): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CLAIM WITHDRAWN? ☐

Authorising signature _____ Signature _____

Company Name_____

PLEASE FAX THE COMPLETED FORM TO 01722 435578

IDSL/HPI 18 Mar 2008 V5.0