Motor Insurance Anti Fraud and Theft Register

D

DELETE

DATE: ☐☐ ☐☐ ☐☐☐☐

INSURER: ☐☐☐ ☐☐☐☐ VRM: ☐☐☐☐☐☐☐

CLAIM NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ACTION REQUIRED: DELETE (D) ☐

Authorising signature: _____ Signature: _____

Company Name _____

PLEASE FAX THE COMPLETED FORM TO 01722 435578