Motor Insurance Anti Fraud and Theft Register

Select ALL options with a "Y" - yes or "N" - no or not applicable

INSERT

DATE: ACTION REQUIRED: INSERT (I)

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:

POST CODE:

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VIN OR CHASSIS NUMBER (NOT ENGINE NUMBER): CLAIM WITHDRAWN?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