

Premier Claims
PO Box 119
Cheltenham
GL51 4YD

Tel: 0844 472 2511

Email: motorclaims@tcsclaims.co.uk

Reference _____

Incident Date _____

Please note our interest in the above incident as the claims handling organisation working for your motor insurers. This claim form must be completed and returned to us – if we do not receive this within 14 days we will assume you do not wish to proceed with the claim.

HOW DO I COMPLETE THIS FORM?

Please complete all relevant sections fully and clearly in **BLOCK CAPITALS**

- Please provide as much information as possible, if you need any help in completing the form, please contact us on the number above.
- It is important that you sign the declaration at the end of the form, and if someone other than you (the Policyholder) was last in charge of the vehicle, then he/she should also sign.

In accordance with the DATA PROTECTION ACT 1998, we bring to your attention that insurers maintain a Motor Insurance Anti Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

IMPORTANT NOTES TO READ BEFORE COMPLETING THIS FORM

- We will check your details with fraud prevention agencies.
- If you provide false or inaccurate information and we suspect fraud, we will record this.
- Law enforcement agencies may access and use this information.
- All claims are investigated; certain cases may be referred to our specialist claims investigation unit.
- If the insured vehicle has been damaged beyond economical repair; we will move the vehicle to a place of free and safe storage pending resolution of your claim unless you wish to make other arrangements.
- Please ensure your personal effects are removed from the vehicle.

We pass information to external companies and agencies, for example, (but not limited 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 conditions 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 those external companies and agencies.

ENCLOSURES REQUIRED:

IN ALL CASES please forward a copy of your (and all named drivers) counterpart drivers licence.

If you think your vehicle is beyond economical repair and you are comprehensively covered, please provide the following:

- Registration Document
- MOT certificate
- Purchase receipt
- Finance settlement figure (if applicable)
- If items have been stolen from the vehicle please provide proof of purchase

We suggest you keep copies of any documents you send in to us.

POLICYHOLDER

Name _____ Date of Birth _____

Address _____

_____ Postcode _____

Full Time Occupation _____ Part Time Occupation _____

How long have you been in this occupation? _____

Daytime Tel. _____ Evening Tel. _____ Email _____

Do you own any other vehicle? YES NO

If YES please give details _____

Have you (If YES give details below)

1) Been involved in an accident or suffered a loss in past 6 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2) Made an insurance claim within the past 6 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3) Any motoring convictions or pending motoring convictions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4) Ever been refused insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Type of incident, conviction or condition	Date applicable	Details of any costs or penalty points imposed

Who is the main user of the vehicle? Policyholder Spouse Son/Daughter Friend Employee
 Other (please state) _____

Are you registered for VAT? YES NO

If YES can you recover VAT on the repairs? YES NO

PERSON IN CHARGE OF VEHICLE IF NOT THE POLICYHOLDER

Name _____ Date of Birth _____

Address _____

_____ Postcode _____

Full Time Occupation _____ Part Time Occupation _____

Telephone No. _____ Email _____

Did he/she have the policyholder's permission to use the vehicle? YES NO

Has the person last in charge (If YES give details below)

1) Been involved in an accident or suffered a loss in past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2) Made an insurance claim within the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3) Any motoring convictions or pending motoring convictions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4) Ever been refused insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Type of incident, conviction or condition	Date applicable	Details of any costs or penalty points imposed

VEHICLE AND USE

Make _____ Model _____ CC _____
Year _____ Registration No. _____ Colour _____
Date of Purchase _____ Price Paid _____ Current Mileage _____ Current Value _____
Who is the registered keeper? Policyholder
Other (please state) _____
Where was the vehicle purchased from? Private Trade
Other (please state) _____
How was the vehicle purchased? Cash Personal loan Hire purchase
Other (please state) _____
Do you have GAP insurance? YES NO

If there is finance outstanding on the vehicle and the vehicle has not been found or is uneconomical to repair please obtain a settlement figure from your finance company

Last use of vehicle Travelling to/from work Shopping Visiting friends
Taking children to school Parked
Other (please state) _____

Please advise any modifications/improvements or extras fitted to the vehicle (please provide date purchased, cost, who fitted them and full description – if alloy wheels please confirm if they have locking wheel nuts)

How many keys was the vehicle bought with? _____ How many keys do you have at present? _____
Had any extra keys been cut? YES NO If YES (please state how many) _____
Where is the vehicle kept overnight? Garage Street Other (please state) _____

CIRCUMSTANCES SURROUNDING THEFT

Where was the vehicle last seen? _____ What time was vehicle last seen? _____
Where was vehicle at time of incident?: Garage Street Drive Car Park
Other (please state) _____
Were any anti-theft devices in use? Alarm Immobiliser Steering Lock
Other (please state) _____
How did the thieves gain entry? Door left unlocked Window open Forced entry
Other (please state) _____
Was vehicle stolen with use of key? YES NO
If YES how did thieves obtain keys House burglary Left in car Taken by force
Other (please state) _____
If house burglary please give home insurance details _____

Please provide details of the circumstances leading up to and surrounding the incident

OTHER PARTY INVOLVED

To your knowledge was the vehicle involved in an accident whilst in the hands of thieves? YES NO UNKNOWN

Were any other vehicles involved? YES NO UNKNOWN

Was damage caused to any other person's property? YES NO UNKNOWN

Did any person sustain personal injury? YES NO UNKNOWN

If your vehicle was involved in an accident when it was stolen please provide details _____

If fire claim, did your vehicle cause damage to any other property? YES NO If YES please give details

FIRE

If you are claiming for fire damage please answer the following

Did the Fire Brigade attend? YES NO

Address of station _____

Ref: _____ Date/Time reported _____

Did the Fire Brigade indicate cause? _____

How did fire occur? Arson Mechanical/Electrical Unknown

Other (please state) _____

Please provide details of the circumstances leading up to and surrounding the incident

IMPORTANT: Please carefully read the declaration below before signing. Please ensure all questions have been answered, all details supplied. This will avoid delay caused by our having to return this form to you.

DECLARATION

I declare that the above statements are correct and true to the best of my knowledge and belief. I hold no other policy in addition to this indemnifying me in respect of this claim.

I have not withheld from the insurer any information within my knowledge connected with this incident. I understand that any mis-statements or the withholding of information will render my claim void.

I agree to provide the insurers with any further information or documentation as may be required.

I understand that the claim will be cancelled if the vehicle is recovered undamaged before any payment has actually been made by the Insurer. I also understand that if the vehicle is recovered after the claim has been paid it becomes the property of the insurer.

I undertake to advise the Insurer immediately if the vehicle is recovered.

I understand the Insurer does not admit liability by issue of this form.

I understand the Insurer may require me to be available for interview by their appointed representative, and further understand that any information give may well be recorded and analysed.

I understand that you may seek information from other insurers to check the answers I have provided.

I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Insured Signature _____

Person in charge of vehicle _____ Date _____
(If not the insured)