

# Fire or Theft Report Form



ADMIRAL

Please answer ALL questions fully providing additional information where requested, using a separate sheet if necessary.  
Please tick one box to indicate what you are claiming for:

Fire  Recovered Theft  Unrecovered Theft  Attempted Theft  Theft from the car

## SECTION 1: Policyholder's details (Please complete in BLACK INK)

Policy number: \_\_\_\_\_ Claim number: \_\_\_\_\_

Name and address:	Home telephone number:
	Work telephone number:
Postcode:	Mobile telephone number:
Date of birth:	Fax number:
E-mail address:	Are you VAT registered? yes <input type="checkbox"/> no <input type="checkbox"/>

In what country was your driving licence issued? \_\_\_\_\_ Is your licence? full  provisional

Do you have: a full time occupation? (If yes please give details) \_\_\_\_\_  
a part time occupation? (If yes please give details) \_\_\_\_\_  
any paid hobbies? (If yes please give details) \_\_\_\_\_

Have you had any motoring conviction, fixed penalty, points on your licence or been disqualified from driving in the past five years? ..... yes  no   
If yes, please give details \_\_\_\_\_

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? ..... yes  no   
If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary. \_\_\_\_\_

## SECTION 2: Details of driver or last person in charge of car (if policyholder go to section 3)

Name and address:	Home telephone number:
	Work telephone number:
Postcode:	Mobile telephone number:
Date of birth:	Fax number:
E-mail address:	Are you VAT registered? yes <input type="checkbox"/> no <input type="checkbox"/>

In what country was your driving licence issued? \_\_\_\_\_ Is your licence? full  provisional

Do you have: a full time occupation? (If yes please give details) \_\_\_\_\_  
a part time occupation? (If yes please give details) \_\_\_\_\_  
any paid hobbies? (If yes please give details) \_\_\_\_\_

Have you had any motoring conviction, fixed penalty, points on your licence or been disqualified from driving in the past five years? ..... yes  no   
If yes, please give details \_\_\_\_\_

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? ..... yes  no   
If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary. \_\_\_\_\_

## SECTION 3: Details of car involved in incident

Make	Model	Engine size	Year of manufacture	Registration number	Purchase price	Current value	Current mileage

Is the car imported? ..... yes  no

Has the car been modified from the manufacturer's standard specification? (Please include optional extras) ..... yes  no

Is the policyholder the registered owner? If no, please state name of owner, and the relationship to the policyholder ..... yes  no

Has the car ever been subject of a major insurance claim? ..... yes  no

Has the car ever been involved in a road traffic accident? ..... yes  no

Has the car ever been previously written off? ..... yes  no

Has the car ever been subject to any major repairs? ..... yes  no

Who did you buy the car from? \_\_\_\_\_ Date bought \_\_\_\_\_

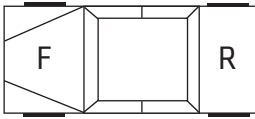
Does the car have a personal registration? ..... yes  no

Is there any Hire Purchase or finance outstanding on the car? ..... yes  no

If yes, please give name, address, reference number, and telephone number of company \_\_\_\_\_

## SECTION 4: Damage to your car and repair details

Mark the point of entry with an arrow and any damage caused by the fire/theft with XXX



Where is the car now? \_\_\_\_\_

Can the car be driven? ..... yes  no

When was it recovered? (date & time) \_\_\_\_\_

## SECTION 5: Details of the fire or theft

Date and time of incident:
Exact location:
Name and address of police station you reported the fire or theft to:
Telephone number of police station: _____ Crime reference number: _____

### Immediately prior to the incident:

What was the car last used for? Please give full details: \_\_\_\_\_

Was the key removed from the ignition? ..... yes  no

If no, please give details \_\_\_\_\_

Were all the windows closed? ..... yes  no

If no, please give details \_\_\_\_\_

Was the car locked at all points of access? ..... yes  no

If no, please give details \_\_\_\_\_

Were there any signs of forced entry? (eg: broken glass) if yes please give details ..... yes  no

Have the culprits been identified or are they known to you? ..... yes  no

If yes, please provide their name, address and any relationship to you (if applicable) \_\_\_\_\_

Are you making a claim for audio/visual equipment? ..... yes  no

If yes, please list make, model, value at purchase and date of purchase

Make \_\_\_\_\_ Model \_\_\_\_\_ Value \_\_\_\_\_ Date \_\_\_\_\_

**(Please note we will not pay any cash towards or for the replacement of your audio/visual equipment if we pay a cash sum to replace your car)**

**Please use the space below to describe fully the circumstances of the incident. You should list any items that were stolen from the car and provide the purchase price and current value of items. You should also supply receipts of purchase where possible. Was the car in an accident during the theft? If yes, please provide details of any third parties involved.**


#### Declaration

I hereby declare the above details are correct whether I the policyholder have completed the form or someone on my behalf. I agree to forward to Admiral immediately on receipt any unanswered correspondence received including any summons or writ in connection with this incident. In the event of my car being declared a total loss I give permission for its removal to a place of storage. I understand that it is my responsibility to remove any personal belongings from my car before leaving it at a garage premises. I agree that if my policy is cancelled and a claim has been made, the full premium is due. If my car is beyond economical repair and the damage is covered under my policy you will deduct any outstanding premium including outstanding instalments from my settlement figure. I request Admiral to deal on my behalf with any third party claims arising out of this incident and to make such admissions of liability and of negligence as is thought fit. I/We understand that you may ask for information from other insurers to check the answers I/We 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 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 the registers.

Policyholder's signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Admiral Claims Department, Capital Tower, Greyfriars Road, Cardiff, CF10 3AZ

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