



EUROPA
G E N E R A L
An RSA Group Company

Motor Fire/Theft Report Form

89-91 Academy Street
Belfast
BT1 2LS

Tel: (028) 9032 0190 Fax: (028) 9032 7592

Email: claims@europageneral.com

Web: www.europageneral.com

**Please complete this form and return immediately to your Broker so we can deal with your claim
All Sections must be completed**

Please Read Carefully

Dear Policyholder

When returning this form please send the following if your vehicle has been damaged beyond repair or has been stolen but not recovered:

- 1 The **Vehicle Registration Document** and **Vehicle Licensing Certificate**
N.B. Please sign the section on the form marked "Sellers Signature"
- 2 **Insurance Certificate & Insurance Disc** (if available)
- 3 Any available **Service Records/Documents**
- 4 Most recent **NCT / DOE / MOT Certificate** (if applicable to vehicle involved)

Please use block capitals when completing this form

Section A Insured

Name & Address

Policy Number

--

Telephone Number/s

--

Home

Work

Occupation

--

Are you registered for VAT? Yes No

Section B Driver/person last in charge of the vehicle

Name & Address

Occupation

--

Telephone Number/s

--

Home/Mobile

Work

Was the driver in the Policyholders employment? Yes No

Section C Vehicle Details (This section must be FULLY Completed)

Reg Number	Make	Model	Colour	CC	Year of Make	Were Goods Carried?	No. of Trailers

Is the vehicle registered in your name? Yes No

Has the vehicle been recovered? Yes No

Are you the owner of vehicle? Yes No

Where can vehicle be inspected?

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Was the vehicle used with your consent? Yes No

Phone No to arrange inspection

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Have you had any previous fire/theft claim? Yes No

Please state mileage of vehicle

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If the vehicle is subject to Hire Purchase/Lease Agreement state the name & address of Company & Account Number

(Please specify Hire Purchase or Lease)

Account No.

Section D Details of Event /Loss (This section must be FULLY completed)

Exact Date of Loss:

	/		/	
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 Time:

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 am/pm

Place of Loss/Damage:

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Please state how the loss/Damage happened/Discovered

Please go to Page 2

Theft Form Continued

In the case of theft/attempted theft, was the vehicle alarmed?

Yes No

If Yes, was it switched on at the time?

Yes No

In the case of theft of vehicle, who discovered it?

Is there any other insurance covering this loss?

Yes No

If Yes, please provide details of Insurer & Policy No.

Un-recovered Vehicle - Please advise any additional equipment fitted since purchase (supporting documents required):

Please give details of Household Contents/All Risks Insurer & Policy Number

Section E Declaration (This Section MUST be completed)

I/We hereby declare that all particulars completed on this form are true and complete to the best of my/our knowledge and belief, that no other insurance is in force and that I undertake to render such assistance in my powers as the Underwriters may require. I/We understand that in respect of a theft claim, if any property whatsoever is recovered, subsequent to payment of claim, it is the property of RSA Insurance Ireland Limited

Insurers pass information to the Claims and Underwriting Exchange Registers, run by Insurance Database Services Ltd (IDS Ltd) and Moneymate Insurance Services and the Motor Insurance Anti-Fraud and Theft Registers, run by the Association of British Insurers (ABI) and the Irish Insurance Federation (IIF). 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 the registers.

Data Protection Notice

Please read the following carefully as it contains information relating to the details that you have given us.

You should show this notice to any other party related to this insurance.

Data Protection Act 1998

All personal information supplied by you will be treated in confidence by Europa General Underwriters (N.I.) Limited and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of Europa General Underwriters (N.I.) Limited.

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

Signature of Insured

Date

Section F CERTIFICATE FOR COMPLETION BY POLICE

This is to certify that (name)

Address

Reported to this station on the under noted date the loss/larceny of

From

Date Reported

POLICE STAMP

The interest of RSA Insurance Ireland Limited /
Europa General Underwriters Ltd has been noted.

Signed

**EUROPA GENERAL UNDERWRITERS (N.I) LIMITED, AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY
REGISTERED IN NORTHERN IRELAND NO. 39814 REGISTERED OFFICE 89-91 ACADEMY STREET BELFAST
RSA INSURANCE IRELAND LIMITED IS REGULATED BY THE FINANCIAL REGULATOR AND IS REGULATED BY THE FINANCIAL SERVICES
AUTHORITY FOR CONDUCT OF BUSINESS IN THE UK**