

# Claim Form For Theft Of Vehicle Parts

**Note: The issuance of this form is not an admission of Liability on the part of the Company. All questions on this form must be answered.**

Policy No:		
Name		
Vehicle Reg No		
Telephone Numbers		
Email		
Date and time of loss		
Where loss occurred		
Describe fully how loss occurred and all stolen/damaged items		
Have you ever suffered similar loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Police station where case was reported		
Police reference number		
Is an alarm fitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did it function properly?

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in My/Our possession immediately prior to the said loss/damage which occurred in the circumstances above.

Date: .....

Signature & Stamp of Insured: .....