

MOTOR THEFT REPORT FORM



CLAIM NUMBER:
(Office use only)

POLICYHOLDER

Policy Number _____ Renewal date _____
Full Name _____
Postal Address _____ Post code (If applicable) _____
Occupation _____ Date of Birth _____
Telephone Number (Home) _____ (Business) _____ (Mobile) _____
Is the policyholder registered as a taxable person for V.A.T? Yes/No V.A.T. Number _____

INSURED VEHICLE

Make and Model _____ Reg. No. _____
Year of Make _____ Cubic Capacity _____
Type of Body _____ Colour _____
Date of first registration _____
Chassis No. _____ Vehicle Identification No.(VIN) _____
Name and Address of Owner _____
Has the vehicle been modified? _____
If vehicle is subject to Leasing Agreement, state name of Finance Company, Address and Agreement number

Marks, blemishes and other special features, to help establish identity: _____
Date of purchase: _____ Purchase price: _____ Date of last service: _____
If applicable, when is vehicle due National Car Test/MOT? _____
Has the vehicle recently been offered for sale? _____
If appropriate, have you checked with Local Council/Corporation towing and clamping agents? Yes/No

PERSON IN CHARGE OF VEHICLE PRIOR TO THEFT

Name _____
Address _____

Telephone Number (home) _____ (Business) _____
Occupation _____ Date of Birth _____
Was the vehicle being driven with your permission? Yes/No
Is this person the regular user of the vehicle? _____
Has the driver any conviction for any offence in connection with any motor vehicle? Yes/No
If YES, give details including dates: _____
Does driver suffer from any physical defect or disability? Yes/No
If YES, give details: _____
Has the driver been refused motor vehicle insurance or continuance thereof? Yes/No
Has the driver been involved in any previous accidents, thefts or claims? Yes/No
If YES, give details including dates: _____

Was the driver licensed to drive the vehicle? Yes/No Was the licence Full or Provisional? _____
If Full, state date upon which driving test passed _____ If Provisional, state country where licence was issued _____
Driving Licence Number _____ Dates Licence Operative _____

DAMAGE TO THE INSURED VEHICLE (IF RECOVERED)

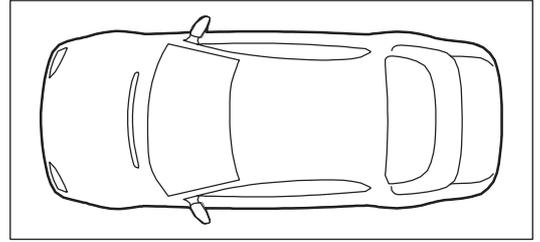
What damage was caused to the Insured vehicle?

(Show area of impact by arrow)

Repairer's name, address and telephone no.

Where the damaged vehicle may be inspected

If vehicle in use, please confirm when available for inspection. _____



In all cases where your vehicle is damaged, and should you be entitled to claim under the policy, please send an estimate for repairs to Liberty Insurance immediately.

Is vehicle considered to be a write off? Yes/No

If so, please advise (1) Date of purchase _____ (2) Purchase price _____ (3) Present value _____

SHOULD YOUR VEHICLE BE CONSIDERED A WRITE OFF, OR HAS NOT BEEN RECOVERED, IT IS IMPORTANT TO FORWARD ALL DOCUMENTATION AS OUTLINED ON THE ENCLOSED ATTACHMENT LIST.

CERTIFICATION FOR COMPLETION BY GARDAÍ

Name, Address and Telephone Number of Investigating Station:

Name of Investigating Officer:

Is the loss reported the result of theft, attempted theft or malicious damage? _____

To: Liberty Insurance

This is to certify that (name) _____
of (address) _____
reported to this station on the undernoted date the loss of property, as outlined in this claim form.

Date and Time reported: _____

The interest of Liberty Insurance has been noted.

Signed _____ Date _____

Gardaí Verification Stamp

Date _____

We are committed to providing all our customers with a high standard of service at all times. However if you are unhappy with the service provided please contact us at 1850 858 530.

Data Protection Statement

The information you provide will remain confidential and will be used to record and cross reference the particulars of your claim with insurance industry databases (such as Insurance Link) used for the prevention of fraud. It may be necessary to exchange your information with regulatory and policing bodies, service providers or private investigators appointed by us, agents and other insurance companies. We may also need to collect and disclose sensitive data (such as medical condition and criminal convictions) relating to you with the relevant parties which are listed above.

DECLARATION:

I/We declare that the above information and statements are true and correct to the best of my/our knowledge.

I/We understand that you may need to exchange information with other insurance companies or interested parties. I am aware that it is a criminal offence to attempt to defraud an insurer and that I/we may be prosecuted.

Signature _____

Date _____