

Northern Ireland Motor Fire/Theft Claim Form



Important Note: Please make sure that the information provided is clear and complete as possible. This form should be completed by the policyholder. Please enclose a copy of your licence with this claim form. Please complete in BLOCK letters or on-line save and print.

Claim No:

1. Policyholder Details

Policyholder Name

Policy Number

Contact Telephone Number

2. Details of Person Last in Charge of Vehicle

Name

Date of Birth

Address
(including
postcode)

Occupation

Relationship to policyholder

Licence No

Full

Provisional

Licence issue date

Expiry date of licence

3. Insured Vehicle

Vehicle Registration Number

Year of Manufacture

Make

Model

Engine Size

Number of seats in the vehicle

Has the vehicle passed the MOT/PSV? Yes

No

Date

Cert Number

How long have you owned the vehicle

years

months

Are you Registered for VAT Yes

No

Are you paying for the vehicle under a hire purchase or leasing agreement

Yes

No

If 'Yes', please provide: Name of hire company

Name of leasing company

Agreement reference number

Was a trailer attached to your vehicle at the time of the theft/fire? Yes

No

In the case of theft, has the vehicle been recovered? Yes

No

Where is the vehicle now?

Please provide details of any personal effects stolen and not recovered from the vehicle

4. Circumstances of the Loss

Date _____ Time _____ AM /PM _____

Place _____

GPS Co-ordinates _____ Latitude _____ Longitude _____ (decimal degrees)

When was the last time you saw the vehicle? _____

Was the incident reported to the Police Yes _____ No _____

Provide details Officer Name _____ Badge Number _____

Station _____

Approximate mileage at time of theft _____

Security measures (CCTV/security guards etc.) _____

Was the vehicle locked and all windows secured at the time of loss? Yes _____ No _____

Please confirm numbers of sets of keys _____

Please confirm location of keys presently _____

Please describe details of the Theft/Fire _____

5. Witnesses

	1	2	3
Name			
Address (including postcode)			
Phone Number			

6. Certification for completion by the Police

This section should be completed by the Police Officer

This is to certify that (name)

of (address)

Postcode

reported to this station on this date the loss/larceny of

We have noted in our records the interest of IPB Insurance in the Property.

Signed (Police Officer)

Date

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR FILES.

STAMP

7. Declaration

IPB Insurance is registered as a data controller with the Office of the Data Protection Commissioner Ireland and the Information Commissioners Office UK. IPB Insurance is required to comply with the Data Protection Acts 1988 (as amended by the Data Protection Act 2003) (Ireland), the Data Protection Act 1998 (UK), the Privacy and Electronic Communications Regulations 2003 (UK) and the Data Protection Code of Practice for the Insurance Sector in Ireland. Further information can be obtained at www.dataprotection.ie or www.ico.org.uk. The information you provide to us as part of your claim application will be processed by us to confirm your identity, process and administer your application and to record and cross reference particulars of your claim in insurance industry databases for fraud prevention purposes. This may involve exchanging information with the Claims and Underwriting Exchange (CUE) which is maintained by insurance companies under the aegis of Insurance Database Services Limited. In certain cases we may also share your information with other insurance providers/intermediaries, regulatory bodies and private investigators.

I hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my knowledge and belief.

Signature

Date

Please return completed form and enclose a copy of your driving licence with any estimates/valuations/original receipts to :

The Claims Department

IPB Insurance

1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820, Ireland.

Tel: +353 1 639 5500 Fax: +353 1 639 5540 Email: claims@ipb.ie Web: www.ipb.ie

Reg. No. 7532 Republic of Ireland.

IPB Insurance CLG, trading as IPB Insurance, is regulated by the Central Bank of Ireland.

For business in the UK, IPB Insurance is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority.

