Police Report Form



Important note: Your policy requires that your loss be notified to the Police.

Please complete Section 1 only and bring this form to the Police Station where the incident was reported.

Section 2 (Confirmation) should be completed by the Police Officer receiving the notification.

Section	1: Noti	fication t	to the	Police								
I wish to repor	rt loss/theft	of the under-n	oted prop	perty valued a	pproximately:	£						
from (address	s/scene):											
								on date:		/	/	
General descr	iption of lost	/stolen prope	rty:									
Make, Model	and Serial N	umber of any f	Property:									
Signature:												
Address:												
Date:	/			Contact To	elephone No:							
Date.	,			Contact it	repriorie ivo.							
Section	2: Cer	tificatio	n for	comple	etion by	the P	Police	• Offic	er			
Section Area:	2: Cer	tificatio	n for	comple	tion by	the P	Police	Office	er /		/	
	2: Cer	tificatio	n for	comple	tion by	the P	Police				/	
Area: Station:		tificatio	n for	comple	tion by	the P	Police				/	
Area: Station: To: IPB Ins	surance		n for	comple	etion by	the P	Police				/	
Area: Station: To: IPB In: This is to certi	surance		n for	comple	etion by	the P	Police				/	
Area: Station: To: IPB Ins	surance		n for	comple	etion by	the P	Police				/	
Area: Station: To: IPB In: This is to certi	surance ify that (nam	ne):			etion by	the P	Police				/	
Area: Station: To: IPB In: This is to certi of (address): reported to th	Surance ify that (name) is station on	ne): this date the l	oss/larce	eny of:		the P	Police				/	
Area: Station: To: IPB Ins This is to certi of (address): reported to th We have note	surance ify that (name) is station on the din our reco	ne): this date the l	oss/larce	eny of:		the P	Police				/	
Area: Station: To: IPB In: This is to certi of (address): reported to th	surance ify that (name) is station on the din our reco	ne): this date the l	oss/larce	eny of:		the P	Police				/	
Area: Station: To: IPB Ins This is to certi of (address): reported to th We have note	surance ify that (name) is station on ed in our reco	this date the l	oss/larce	eny of:	ne Property.	the P	Police				/	
Area: Station: To: IPB In: This is to certi of (address): reported to th We have note Signed (Police	surance ify that (name) is station on ed in our reco	this date the l	oss/larce	eny of:	ne Property.	the P	Police				/	
Area: Station: To: IPB In: This is to certi of (address): reported to th We have note Signed (Police	surance ify that (name) is station on ed in our reco	this date the l	oss/larce	eny of:	ne Property.	the P	Police		/	D	/	

This document should be returned with your completed Claim Form to:

The Claims Department

IPB Insurance

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

Tel: +3531639 5500 Fax: +3531639 5540 Email: claims@ipb.ie Web: www.ipb.ie



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.

