Motor – Theft Report Form

Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and return it to us within 14 days. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive if you require any assistance with completing this form. Contact numbers are shown on the next page of this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS.

Tick the boxes and sign and date the form

Stolen Vehicle?

If the vehicle is found and has been damaged we would ask you to contact us to arrange inspection and repair of the vehicle.

Alternatively if the vehicle is not found, the **original** Vehicle Registration Document, all sets of car keys, the current MOT certificate, if applicable, and the original purchase receipt if available will need to be forwarded to this office.

Damaged Vehicle?

If your own vehicle has been damaged, we recommend the use of your own Insurers Approved Repairer Scheme.

If you prefer to use a non-approved repairer, please submit an estimate for the repairer. The Insurers will arrange for an inspection of the vehicle after the estimate has been received.

In either case you will be responsible for the policy excess and the VAT if you are VAT registered.

Getting your vehicle repaired

You may put in hand any temporary repairs necessary to make your vehicle driveable. We will need to receive the invoices for this work but do not delay submitting the attached report form.

Approved Repairers

The majority of Insurers have a network of Approved Repairers which we strongly advise you to use. The main advantage is that you do not need to go to the trouble of obtaining estimates for repair from other garages, therefore saving time.

Other benefits provided may include the following, although they do vary from insurer to insurer:

- Free Courtesy Car whilst your car is repaired, if the repairer has a vehicle available (not applicable to vans)
- Free Recovery or Collection of your car where the vehicle is not drivable
- Priority Service and Speedy Repairs
- Guarantee on the work carried out
- Commitment to quality service through inspection of the garage by your Insurer.

To arrange for your vehicle to be repaired using an Approved Repairer, please either contact our Claims department or contact your Insurer direct on their claims help lines which can be found on our website.

If you have chosen to use a recommended repairer, you do not need to obtain estimates for the cost of the repair, **however repair will not commence until the claim form is received by your Insurers.** They will then instruct the garage to contact you accordingly.

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Claims Department Contact Numbers

Andrea Compton	0116 2999 071
Dhriti Parmar	0116 2999 016
Matthew Thompson	0116 2999 020

Directors/Account Executives

Chris Thorpe	0116 2999 009
Karl Woodbridge	0116 2999 037
James Fogg	0116 2999 015
James Moore	0116 2999 019
Jeff Cook	0116 2999 004
Ketan Popat	0116 2999 064
Kevin Lewis	0116 2999 003
Lee Turner	0116 2999 013
Paul Chesters	0116 2999 023
Perry Turner	0116 2999 002
Peter Turner	0116 2999 005

Legal Expenses Cover

If you have purchased Legal Expenses cover at the inception of the policy, and the accident is not your fault, the Legal Expenses Insurance will come into effect. We will forward a copy of your claim form to Angel Assistance, who will contact you to try to recover your uninsured losses from the Third Party, eg. policy excess, loss of earnings etc.

Angel Assistance may also be able to provide a temporary vehicle free of charge whilst your vehicle is repaired in circumstances where the Third Party is clearly at fault and their insurer has been identified.

Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

The CUE & MIFA

Insurer and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register, operated by the Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register operated by the Association of British Insurers. List of participants are available on request. The information you supply on this form, together with the information you have supplied on the proposal form and other information relating to the claim, will be provided to participants.

Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the Directors of Turner Insurance Group. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Conduct Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

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For office use only Turners Claim Reference _____

Insurance Company _____

POLICYHOLDER

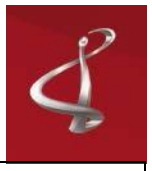
Name/Insured	
Policy number	
Address	
Postcode	
Business Description	
Daytime telephone number	
E-mail address	
Are you VAT registered?	Yes ☐ No

DRIVER (ie. last person in charge of vehicle)

Name			Date of Birth	
Address				
Postcode				
Daytime telephone number			Occupation	
Type of driving licence			Date first issued	
Current Licence No.				
If driver employed by you, for how long?				
Is driver the main user?	Yes ☐ No ☐	If No, proportion of use		%
If not the Policyholder, did driver have Policyholder's permission to drive?				Yes ☐ No ☐
Has *driver*	1. been concerned in any accident or loss in the past 3 years			Yes ☐ No ☐
	2. any motoring convictions (including Fixed Penalty) in the last 5 years			Yes ☐ No ☐
	3. ever been declined motor vehicle insurance?			Yes ☐ No ☐
	4. any physical defect or infirmity			Yes ☐ No ☐
If answer to questions 1,2,3 or 4 is YES, give details:				

VEHICLE

Make & Model		CC/GVW	
Registration Number	Year of Make	Colour	
Owner of vehicle		Mileage at date of incident	
Finance Company details (if any)			
Purpose for which vehicle was being used			
Goods carried			



Which Approved Repairer is being used & when (contact us if details required)	
If Repairer is not approved, where can the vehicle be inspected?	
Describe the damage to the vehicle	

DAMAGE

Date	Time	am/pm	
Location			
When was vehicle last seen?		By whom?	
When was loss discovered?		By whom?	
When and how where police informed?			
Police Report Crime No. & Station			
What precautions against Theft were taken?			
State fully circumstances of loss			

RECOVERY

Date		Time		am/pm
Location				
Details of damage				
Which Approved Repairer is being used & when? (contact us if details required)				
If Repairer not approved, forward estimate and advise where vehicle can be inspected				

DECLARATION

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers (ABI). 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 give rise to a claim. We will pass information relating to this incident to the register. Submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form. I understand that you may seek information from other Insurers to check answers I have provided. I confirm that I have no objection to you obtaining any information you require from the DVLA in connection with my driving licence.

Signature of Driver		Date	
(where other than Policyholder)			
Signature of Policyholder		Date	

Turner Insurance Group
34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerinsurance.co.uk
Authorised and regulated by The Financial Conduct Authority

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