

1-7 Dunstall St Scunthorpe N Lincolnshire DN15 6LD Tel: 01724 855510

Please answer all questions on this page as f	ull
as possible and relevant sections on other pa	age

CRAFT: THEFT CLAIM

POLICY NO______RENEWAL DATE ______

Customer Service Charter

We aim to provide:

- A high quality, efficient and helpful service
- A swift and courteous response to all claim forms, associated documentation or correspondence
- Prompt payment in respect of valid claims following their authorisation
- A speedy indication that a claim cannot be met until further information is received
- Up to date information on the current position of your claim it cannot be paid quickly

Fraud Prevention and Detection

In order to prevent and detect fraud we may at time:

- Share information about you with other organisations and public bodies including the Police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us
 false or inaccurate information and we suspect fraud, we will record this. We and other
 organisations may also search these agencies and databases to:
 - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your house hold;
 - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
 - Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

Claims History

- Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, damage, theft or an accident) whether or not they give rise to a claim.

 When you tell us about an incident we will pass information relating to it to a database.
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at any time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

In assessing any claims made, the insurer and its agents may undertake checks against publicly available information (such as electoral roll, County court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Policy Holder Full Name			
Home Address			
	Pcode	Tel No	
a) Is the insured registered as ab) If the insured is registered foc) If only partial remission of VA	r VAT, if full remission of	•	YES/NO* YES/NO* ax%

Craft Make	Model	Year of Make
If craft is subject t	Eng No to hire purchase agreement, state er	Datatag Reg No e name of finance company, address &
If in use, state full	y the purpose for which the craft	t is normally used

What damage was caused to the insured craft?	
Repairer's name, address and telephone no	
In all cases where your craft is damage and you are entitled to claim under the p send and estimate for repairs to the Company immediately Is the craft at the repairer's premises? If not, where is the craft now? Where will it be taken in for repair?	
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If not, where is the craft now?	
Where will it be taken in for repair?	YES/NO*
Do you have any objection to the craft, if appropriate, being moved to an alternation	
	ative repairer?
·	YES/NO*

Date & Time of Theft Date & Time Discovered:			
Where was the craft stolen from? (Please sup	ply full address inc	luding Postco	ode)
If from a locked building how was entry gained	d?		
Were there any security devices in place on the If YES what were these and how were they ov		·?	YES / NO*
Who was the last person in charge of the craft	:?		
Who was the last person to see the craft and a Please give the time and date that the theft w station and their reference.			
When did you buy the craft? What	price did you pay?	Craft £	Trailer £
What is your estimate of its/their current value	e? (Craft £	_ Trailer £
Is there any outstanding finance on the Craft / If so please provide the name of this finance of			YES/NO*
Have you or any other insured person with an with any offence involving dishonesty? If YES please show details.	interest in this cra	ift ever been	convicted or charged
Declaration			
I declare that these particulars as true to the b	est of my knowled	dge and belie	ef.
Sensitive data In order to assess the terms of the insurance of may need to collect data which the Data Prote or criminal convictions). By proceeding with the information being processed by the insurer or	ection Act defines and application you	as sensitive (such as medical history
Signature		Date	

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