



## Motor Vehicle Theft Claim Form

When you complete the Claim Form, please write clearly in BLOCK CAPITALS and use ink. Please sign and date the Form

### Details of Policyholder

Claim No: \_\_\_\_\_

Name ..... Mr, Mrs/Miss/Ms) Occupation/Business .....

Telephone No: Home .....  
Business .....

### Stolen Vehicle

Make/Model ..... Colour ..... Registration No .....

### The Occurrence

Date of Theft ..... Time .....(am/pm)

Place: Street or Road ..... Town ..... County .....

To which Police Station was the Theft reported? .....

Full Address .....

When was the Theft reported to the Police?  
...(am/pm)

Date ..... Time .....

Crime Reference Number .....

Who was in charge of the vehicle immediately prior to the Theft?  
.....

By whom was the Theft discovered?  
.....

Was the vehicle locked and the ignition key removed prior to the Theft?  
.....

Was the vehicle in a locked garage? Yes/No

State circumstances in which the Theft occurred  
.....  
.....  
.....  
.....  
.....  
.....



Date..... Policyholders Signature..... Drivers Signature.....

**Note**

If your vehicle has not been recovered we shall also require:-

1. Both sets of keys
2. V5
3. MOT Certificate, if applicable
4. Purchase receipt
5. Any service documents available

**Please return the completed form to:-**

**E-mail**            **[Insurance@aips.co.uk](mailto:Insurance@aips.co.uk)**

**Fax:**                **01623 663119**

**Post:**                **AIPS LTD**  
**363 Nottingham Road**  
**Mansfield**  
**Notts**  
**NG18 4SG**