



CUSTODIAN AND ALLIED INSURANCE PLC

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MOTORCYCLE CLAIM FORM

The information provided is to enable the Company its Solicitors to
advise on and to conduct any legal proceedings which may ensue

Name of Insured

Address

Occupation Telephone No.

Policy No Date of Payment of last premium

PARTICULARS OF MOTORCYCLE

Make	Year of Manufacture	H. P. Or C. C.	Registered letters and numbers	Purpose (s) for which the motorcycle was being used at the time it was stolen

CIRCUMSTANCES

Where did the loss occur?

On what date at what hour did loss occur?

Who was in charge of the motorcycle at time of the loss?

Was the motorcycle in use with the Insured's permission or authority?

Was the motorcycle locked?

Circumstances under which the loss occurred?

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Mileage reading at time loss

Are you the sole owner of the motorcycle? Is there any hire purchase interest?

Give the date the Police were advised and the address of the Police Station?

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Are there any other insurance against Burglary, Housebreaking or Theft upon the same motorcycle?

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See continuation overleaf

IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYPES ETC., Please complete the following:-

Description	Price Paid	From whom purchased	When Purchased	Amount Claimed (allow for age, wear and tear and salvage)

IF VEHICLE NOT RECOVERED please complete the following and forward the Registration Book (if any);

Engine No. Chassis or Frame No. Type of body

Colour or combination of colours

Have you had any alterations made which are recognisable?

Are there any special fitments or accessories?

Are there any identifying features, externally or internally e.g., Marks scratches, disfigurements, etc.

IF VEHICLE RECOVERED please complete the following:

Place and date recovered

Mileage reading at the time of recovery

Details of damage sustained (if any)

Where can the vehicle be inspected?

IF THE VEHICLE HAS BEEN DAMAGED A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIRS SHOULD NOT BE CARRIED OUT WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

I/WE hereby declare that the whole of the statements made by me/us in this Form of Claim are in every respect true, and I /We agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my / our right to recover under the policy shall be absolute forfeited.

Signature of Insured Witness

Date Address

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM