

Date and time of theft			
Place where theft occurred			
Was the theft reported to the police?			
If "Yes" when and to which police station?	Date	Address of	
	Crime report No.	Police Station	
Was the vehicle stolen?	Yes	No	
Were contents stolen (Details overleaf)	Yes	No	
State the circumstance as fully as possible (please use separate sheet if necessary)			
Has the vehicle been recovered	Yes	No	
Give full details as to how and where recovered			
Give brief details of any damage	Name of insured	Insurers Name & Address	Policy No.
Have you notified details of damage by telephone	Yes	No	
Please advise a convenient time (during office hours) and exact location of your vehicle so our engineer may inspect it			
For what purpose was the vehicle being used?			
What precautions were taken by you to prevent loss?			
Give details of any insurance covering the lost property (eg. household insurance)	Name of insured	Insurers Name & Address	Policy No.
Have you any clue to the thief?			

PLEASE ENCLOSE WITH THIS FORM THE VEHICLE REGISTRATION DOCUMENT, PURCHASE DOCUMENTS AND MOT CERTIFICATE (IF ISSUED)

(A CLAIM UNDER YOUR POLICY WILL PREJUDICE YOUR NO CLAIMS DISCOUNT)

I/We hereby declare that the above particulars are true in every respect.

Date: Signature:

Argus Insurance Company (Europe) Limited
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