



# MOTOR THEFT CLAIM FORM

Argus Insurance Company (Europe) Limited

P.O. Box 45, Regal House, Queensway, Gibraltar

Tel: +350 200 79520  
Fax: +350 200 70942

enquiries@argus.gi  
www.argus.gi

Please complete in full the relevant sections and submit it to:  
Argus Insurance Company (Europe) Limited, P.O. Box 45, Regal House, Queensway, Gibraltar.  
If any sections are not applicable please add N/A.

## INSURED

Full Name:

Policy No.:

Address:

Postcode:

Business or Occupation:

(incl. part-time occupation)

Phone No. Home:

Work:

Mobile No.

E-mail:

## VEHICLE

Make:

Model:

Cubic Capacity:

Year of Manufacture:

Registration Number:

Date Purchased by Policy Holder:

Estimated Value at Time of Theft:

Mileage at Time of Theft:

Engine Type:

Original

Reconditioned

Were there any modifications done to the vehicle (this should include accessories)?  Yes  No

If 'Yes' please specify:

Is the vehicle the subject of a hire purchase or leasing agreement?

If 'Yes' state name and address of company:



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## CIRCUMSTANCES OF THEFT

Date:  Time at which vehicle was parked:

Time at which the theft was discovered:

Precise location from which the vehicle was taken:

For what precise purpose was the vehicle being used immediately prior to the theft:

  

Was the vehicle locked and secured at time of theft?  Yes  No

Where were the keys at the time of the theft?

Describe the circumstances in which the theft occurred:

  

Details of Damage/Repairs (a detailed estimate of probable costs of repairs should be sent herewith):

  

Where is the vessel /equipment available for inspection?

  

## PERSON USING THE VEHICLE

Name of the person using the vehicle immediately prior to the theft:

Address:

Postcode:

Date of Birth:

Phone No. Home:  Work:

Business or Occupation:

(a) Precise relationship with insured:

(b) Circumstances in which he/she had the use of the vehicle:

Whether he/she is a regular driver of the vehicle?  Yes  No

## POLICE

When was the theft first reported to the police: Date:  Time:

Address of Police Station at which the report was made:

To your knowledge, is any person to be charged with the theft?  Yes  No

## CURRENT POSITION

Has the vehicle been recovered?  Yes  No

If 'Yes' where was the vehicle discovered?

By whom was the discovery made?

Did the vehicle suffer any damage as a result of the theft?  Yes  No

If 'Yes' please state:  
(a) Nature/extent of damage:

(b) Where the vehicle may be inspected:


(c) Proposed repairer's name and address:


Please advise if this vehicle had any pre-theft damage which had not been repaired at the time of the theft?  Yes  No

If 'Yes' please specify circumstances and damage amount:


*(Please attach repairer's estimate if available)*

## COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

## DATA PROTECTION ACT – INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, 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). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.



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## VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from Other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

## DECLARATION

I/we declare that the above particulars are true to the best of my/our knowledge. I/we hereby expressly authorise the company, if they do so require, to forward this form and any subsequent statement which I/we or the driver may make, to any solicitors appointed to act in relation to any claim, prosecution or proceedings arising out of this incident. I/we further authorise the company and/or any solicitors so instructed, to deal with all matters arising from this incident at their discretion and without any obligation to consult with or to obtain consent from me/us and to make their admission in connection with the said claim(s), prosecution(s) or proceedings which they in their absolute discretion may consider desirable or in the interests of me/us and/or the company.

I/we understand that you may ask for information from other insurers to check the answers I/we have provided

Signature of Insured:

Date: