

# MOTOR THEFT REPORT FORM

**CLAIM NUMBER**  
(Office use only)



## POLICYHOLDER

Policy Number \_\_\_\_\_ Renewal date \_\_\_\_\_  
Full Name \_\_\_\_\_  
Postal Address \_\_\_\_\_ Post code (If applicable) \_\_\_\_\_  
Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Is the policyholder registered as a taxable person for V.A.T? Yes/No V.A.T. Number \_\_\_\_\_

## INSURED VEHICLE

Make and Model \_\_\_\_\_ Reg. No. \_\_\_\_\_  
Year of Make \_\_\_\_\_ Cubic Capacity \_\_\_\_\_  
Type of Body \_\_\_\_\_ Colour \_\_\_\_\_  
Date of first registration \_\_\_\_\_  
Chassis No. \_\_\_\_\_ Vehicle Identification No.(VIN) \_\_\_\_\_  
Name and Address of Owner \_\_\_\_\_  
Has the vehicle been modified? \_\_\_\_\_  
If vehicle is subject to Leasing Agreement, state name of Finance Company, Address and Agreement number \_\_\_\_\_  
Marks, blemishes and other special features, to help establish identity: \_\_\_\_\_  
Date of purchase: \_\_\_\_\_ Purchase price: \_\_\_\_\_ Date of last service: \_\_\_\_\_  
If applicable, when is vehicle due National Car Test/MOT? \_\_\_\_\_  
Has the vehicle recently been offered for sale? \_\_\_\_\_  
If appropriate, have you checked with Local Council/Corporation towing and clamping agents? Yes/No

## PERSON IN CHARGE OF VEHICLE PRIOR TO THEFT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number (home) \_\_\_\_\_ (Business) \_\_\_\_\_  
Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Was the vehicle being driven with your permission? Yes/No  
Is this person the regular user of the vehicle? \_\_\_\_\_  
Has the driver any conviction for any offence in connection with any motor vehicle in the last 3 years? Yes/No  
If YES, give details including dates: \_\_\_\_\_  
Does driver suffer from any physical defect or disability? Yes/No  
If YES, give details: \_\_\_\_\_  
Has the driver been refused motor vehicle insurance or continuance thereof? Yes/No  
Has the driver been involved in any previous accidents, thefts or claims? Yes/No  
If YES, give details including dates: \_\_\_\_\_  
Was the driver licensed to drive the vehicle? Yes/No Was the licence Full or Provisional? \_\_\_\_\_  
If Full, state date upon which driving test passed \_\_\_\_\_ If Provisional, state country where licence was issued \_\_\_\_\_  
Driving Licence Number \_\_\_\_\_ Dates Licence Operative \_\_\_\_\_

Date vehicle left: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Date theft discovered: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Give exact location from where theft occurred: \_\_\_\_\_

Why was the vehicle parked at this location?: \_\_\_\_\_

Were all the doors (including boot) locked securely? Yes/No

Were all the windows (including sunroof) closed? Yes/No

If an alarm or anti-theft device was fitted, give make and model: \_\_\_\_\_

Was ignition key removed? Yes/No \_\_\_\_\_

How many sets of keys do you have in your possession \_\_\_\_\_ Where were they at time of theft? \_\_\_\_\_

If applicable, how did you get home after the theft? \_\_\_\_\_

Full address Gardaí station to which loss was reported: \_\_\_\_\_

Crime book reference: \_\_\_\_\_ Officer's name and number: \_\_\_\_\_

Date of report: \_\_\_\_\_ Time of report: \_\_\_\_\_

How did you report theft to Gardaí? Telephone/Personal visit: \_\_\_\_\_

If reported by telephone, give number, time and location of call: \_\_\_\_\_

Has any person been apprehended? Yes/No If yes, give details: \_\_\_\_\_

Are they to be prosecuted? Yes/No If yes, advise address of court, and date and time of hearing: \_\_\_\_\_

\_\_\_\_\_

Is the person a personal acquaintance? Yes/No If yes, give details: \_\_\_\_\_

To your knowledge was the vehicle involved in an accident whilst stolen: Yes/No

Was any person injured? Yes/No If yes, give details \_\_\_\_\_

Give a detailed account of events leading up to and after the theft, and your movements and location during the 12 hours prior to you last seeing the vehicle. Was there any broken glass or other sign of entry?

[illegible]

## DAMAGE TO THE INSURED VEHICLE (IF RECOVERED)

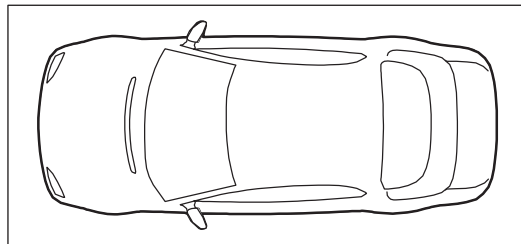
What damage was caused to the Insured vehicle?

*(Show area of impact by arrow)*

Repairer's name, address and telephone no.

Where the damaged vehicle may be inspected

If vehicle in use, please confirm when available for inspection.



In all cases where your vehicle is damaged, and should you be entitled to claim under the policy, please send an estimate for repairs to Liberty Insurance immediately.

Is vehicle considered to be a write off? Yes/No

If so, please advise (1) Date of purchase (2) Purchase price (3) Present value

**SHOULD YOUR VEHICLE BE CONSIDERED A WRITE OFF, OR HAS NOT BEEN RECOVERED, IT IS IMPORTANT TO FORWARD ALL DOCUMENTATION AS OUTLINED ON THE ENCLOSED ATTACHMENT LIST.**

## CERTIFICATION FOR COMPLETION BY GARDAÍ

Name, Address and Telephone Number of Investigating Station:

Name of Investigating Officer:

Is the loss reported the result of theft, attempted theft or malicious damage?

**To: Liberty Insurance**

This is to certify that (name) \_\_\_\_\_  
of (address) \_\_\_\_\_  
reported to this station on the undernoted date the loss of property, as outlined in this claim form.

Date and Time reported: \_\_\_\_\_

The interest of Liberty Insurance has been noted.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Gardaí Verification Stamp

Date \_\_\_\_\_

We are committed to providing all our customers with a high standard of service at all times. However if you are unhappy with the service provided please contact us at 1850 858 530.

**Data Protection Statement**

The information you provide will remain confidential and will be used to record and cross reference the particulars of your claim with insurance industry databases (such as Insurance Link) used for the prevention of fraud. It may be necessary to exchange your information with regulatory and policing bodies, service providers or private investigators appointed by us, agents and other insurance companies. We may also need to collect and disclose sensitive data (such as medical condition and criminal convictions) relating to you with the relevant parties which are listed above.

**DECLARATION:**

I/We declare that the above information and statements are true and correct to the best of my/our knowledge.  
I/We understand that you may need to exchange information with other insurance companies or interested parties.  
I am aware that it is a criminal offence to attempt to defraud an insurer and that I/we may be prosecuted.

Signature \_\_\_\_\_

Date \_\_\_\_\_