

TURKS & CAICOS FIRST INSURANCE COMPANY LIMITED

3 Parade Avenue, P.O. Box 80, Providenciales, Turks & Caicos Islands. Tel: (649) 946-4118. Email: info@tcifirst.com

## **MOTOR THEFT CLAIM FORM**

THE INSURED			"N/A	" means "Not Applicable"	
Name:	Contact #s:				
Home Address:					
Occupation:	Em	nployer/Business Name:			
Employer/Business Address:					
Contact #s:	Er	mail Address:			
VEHICLE INFORMATION					
Policy #:	Year:	N	Лake:		
Reg. #:	Colour:	 Model/	Type:		
Was there any unrepaired damage prior to	the theft?	If so, give details:			
Were there any modifications?	N If so, give details:				
Distinguishing marks?	☐ N If so, give details:				
Special fittings and accessories?	□ N If so, please state				
Has the vehicle been recovered?	■ N If so, in what cond				
Where can the vehicle be inspected?	,				
Name and Address of any Bank or Company	financially interested in the ve				
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USE OF VEHICLE					
State the exact purpose for which the vehic	_				
Were goods being carried? Y N	,		and weight of		
How many persons including the driver we			d a fee to be transported	?	
f the vehicle was driven by a person other					
Was the Insured in the vehicle when the th	eft occurred?	<u>  N</u>			
THE THEFT					
Date of theft:	Time: Place:				
Was it a hold up? Y N	Would you be able to identify	the person or persons?	□N		
If yes, please state:					
Were there any Witnesses?	N If yes, pleas	se give information below:			
Witness #1 Name:			Witness #1 Contact #:		
Witness #2 Name:			Witness #2 Contact #:		
Name of Policeman:			Badge #:		
The Station concerned:					
Date Reported:	Time:				
If claim is for loss of parts, tyres, etc.,	please complete the follow	wing:			
Description of Items	Price Paid	Where Purchased	Date Purchased	<b>Amount Being Claimed</b>	
THE DRIVER  or CUSTODEE	(Please select approp	oriate box)			
Name:			tact #s:		
Home Address:			-		
Occupation:	Employer,	/Business Name:			
Driver's Licence Number:	Date issue				
Type of Licence:	Previous Accidents:				
What is the relationship between the Insur	ed and the Driver?				

STATEMENT			
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I/We hereby declare that t	he foregoing particulars given by me/us have been	read over and found to be true and correct in every respect. Fo	urther, I/We agree that, if
I/We have made, or in any any suppression or concea	further declaration the Company may require in re lment, the policy shall be void and all rights to recov	spect of the said theft shall make any false or fraudulent state er thereunder in respect of past or future losses shall be forfei	ment, or if found guilty of ted.
Date:	Insured's	Driver's	
	Insured's Signature:	Driver's Signature:	
	Witness' Name:	Witness' Signature:	