

TURKS & CAICOS FIRST INSUKAINCE CUIVIFAIN LILIVIA 3 Parade Avenue, P.O. Box 80, Providenciales, Turks & Caicos Islands. Tel: (649) 946-4431. Email: info@tcifirst.com

MOTOR THEFT CLAIM FORM

THE INSURED			"N/A"	means "Not Applicable"			
Name:	Contact #s:						
Home Address:							
Occupation:	Email Address:						
Employer/Business Name:			Contact #s:				
Employer/Business Address:				·			
VEHICLE INFORMATION							
Policy #:	Year:	М	ake:				
Reg. #:	Colour:	Model/T	ype:				
Was there any unrepaired damage prior to the theft?	Y N I	f so, give details:					
Were there any modifications?	If so, give details:						
Distinguishing marks?	If so, give details:						
Special fittings and accessories?	If so, please state:						
Has the vehicle been recovered?	If so, in what condit	ion:					
Where can the vehicle be inspected?							
Name and Address of any Bank or Company financially	Name and Address of any Bank or Company financially interested in the vehicle:						
USE OF VEHICLE							
State the exact purpose for which the vehicle was bei	ing used at the time o	f the theft:					
	state the nature of the		and weight of lo	oad:			
How many persons including the driver were in the ve			a fee to be transported?				
If the vehicle was driven by a person other than the II			•				
Was the Insured in the vehicle when the theft occurred?							
THE THEFT							
THE THEFT Date of shorts Times Discontinuous Discontinu							
Date of theft: Time: Place: Would you be able to identify the person or persons? V N							
Was it a hold up? Y N Would you be able to identify the person or persons? Y N If yes, please state:							
Were there any Witnesses?	If ves. please	give information below:					
Witness #1 Name:							
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 co	mulata tha fallawi	90					
Description of Items	Price Paid	Where Purchased	Date Purchased	Amount Being Claimed			
Bescription of items	Trice raid	Where I dichased	Date Farenasea	Amount being claimed			
THE DRIVER CUSTODES	Plassa salast appropri	ista hav)					
THE DRIVER or CUSTODEE (Please select appropriate box) Name: Contact #s:							
Home Address:							
Occupation: Employer/Business Name:							
Driver's Licence Number:	Date issued						
Type of Licence:							
	What is the relationship between the Insured and the Driver?						

STATEMENT			
I/We hereby declare that	the foregoing particulars given by me/us have been re	ead over and found to be true and correct in every respect. Fu	urther. I/We agree that.
I/We have made, or in any	further declaration the Company may require in resp	pect of the said theft shall make any false or fraudulent stater r thereunder in respect of past or future losses shall be forfeit	ment, or if found guilty o
any suppression or concea	iment, the policy shall be void and all rights to recove	thereunder in respect of past of future losses shall be forier	eu.
Date:	<u>I</u> nsured's	Driver's Signature:	
	Insured's Signature:	Signature:	
	Witness' Name:	Witness' Signature:	