



FBC Insurance Company Limited

THEFT NOTIFICATION

1. INSURED POLICY NO.....
 ADDRESS
 CONTACT PHONE:.....

2. VEHICLE MAKE..... YEAR
 MODEL REG. NO.
 RADIO MAKE, MODEL & YEAR
 SPEEDO ALARM FITTED – Yes/No AMOUNT OF FUEL.....

3. GENERAL INFORMATION : N.B. "Operator" means person in whose custody keys were at the time of the theft.

a) Operator's Name.....Contact Phone.....
 Address.....

b) Did he have Insured's permission to operate vehicle?.....

c) For what purpose was vehicle being used?.....

d) Date reported to Police..... which Police Station.....
 Police I/R No. or RRB No. **NB certified copy of initial Police Report**
Containing driver's statement must be attached

e) Was vehicle securely locked?.....

f) Are keys still in your possession Yes/No If "Yes", please forward with form

g) Hire Purchase amount owing to whom

h) Is vehicle insured with any other company?.....

i) Colour of Vehicle.....

j) Any visible marks that will assist in identifying vehicle.....

k) Do your suspicions rest on someone, if so give details.....

4. Detailed statement or circumstances leading to theft of vehicle

Date of Theft Timeam/pm
 Place of Theft Town

I.....(full name of Insured/Operator).....

hereby declared
 that.....

.....
.....

.....and that the foregoing information is true and correct

Date Signature of Operator

Date Signature of Insured