

OFFICE USE ONLY

RSA CLAIM NUMBER:

LAS

Y/N



CLAIM FORM – TRANSIT eSOLUTIONS

At RSA we know that making a claim can often be a traumatic and confusing experience, but we are dedicated to making this simple and efficient for you in order that you can get back to trading and on the move.

So that we can process your claim as quickly as possible, we need a few details from you on the attached Claim Form.

Policyholders Name		Policy Number	
Address		E-mail Address	
Date of Birth		Daytime Telephone No.	

Registration No. of the vehicle involved in this incident		How many commercial vehicles do you operate?	
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Section I Confirm where the tools were at time of the Incident? (i.e. in vehicle)

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Section 2 Full circumstances of the incident (which **must** include the following):

Date:

Approx. Time:

Exact Location including Full Address:

Was the vehicle stolen – Yes No

If answering Yes we will require copies of the correspondence between your Commercial Vehicle Insurer and yourself in this regard, refer to the attached checklist for more information.

Who was responsible/driving the vehicle at the time of the incident:

Section 3

Part A: Full description as to what security measures were in operation on the vehicle at the time of the incident? (I.e. were all windows and openings securely locked/vehicle/alarmed?):

Part B: How was entry gained? (we will require repair invoice/photographs to support forcible entry, see the claims checklist for more information):

Police Authority (to which the incident was reported)	
Telephone Number	
Crime Reference Number	
Attach a copy of correspondence issued by Police: "Victim of Crime" letter	Yes No (if no explain why)

If you would prefer a nominated person to be authorised to discuss matters appertaining to your claim and policy cover on your behalf, then please confirm the name of the nominated person.

Nominated person:

Please be aware that we will ask security questions such as, but not necessarily limited to, your date of birth and vehicle registration number.

Are you VAT Registered? (Delete as applicable)	YES NO
If YES, please provide your VAT Number?	
Estimated total value of your tools prior to this loss.	£
Total claimed amount:	£

Section 4

1. Have you ever had Insurance Declined/Cancelled, Declared void or had any Special Terms imposed, including non-invitation of Renewal?

YES **NO** *If Yes, please give details below:*

2. Have you ever been declared Bankrupt/Insolvent or Disqualified?

YES **NO** *If Yes, please give details below:*

3. Have you ever been convicted of a criminal offence that is not spent under the Rehabilitation of Offenders Act 1974? (Motoring offences do not need to be disclosed)

YES **NO** *If Yes, please give details below:*

4. Have you ever received a County Court Judgement/Sheriff Court Decrees in the last 5 years?

YES **NO** *If Yes, please give details below:*

5. Have you made any claims or suffered any losses within the last 3 years?

YES

NO

If Yes, please give details below:

Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police
- Undertake credit searches and additional fraud searches
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this

We and other organisations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies.
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

In assessing any claims made the insurer or its agents may undertake checks against publicly available information such as electoral roll, county court judgements, 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).

Declaration

I/We declare that the above statements are true and correct to the best of my/our knowledge and

I/We have not withheld any information within my/our knowledge in connection with this claim.

I/We agree to provide insurers with any further information or documentation as may be required.

I/We give permission for RSA to share and exchange information with Third Parties, such as other insurers and the Police.

Signature of Policyholder(s): _____ Date: _____

PLEASE REFER TO THE TRANSIT eSOLUTIONS CLAIM CHECKLIST WHICH WILL ASSIST YOU WITH THE COLLATION OF THE NECESSARY DOCUMENTATION AND INFORMATION REQUIRED BY US TO PROPERLY CONSIDER YOUR CLAIM.

IF THE CLAIM FORM IS NOT FULLY COMPLETED AND/OR THE RELEVANT PAPERWORK IS NOT SUPPLIED, YOU MAY EXPERIENCE DELAYS IN THE CONSIDERATION/SETTLEMENT OF YOUR CLAIM.

RSA Marine Claims Department

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17 York Street

Manchester

M2 3GR

Telephone No: 0161 235 3908

Email – regionalcargo.claims@uk.rsagroup.com

LIST OF TOOLS – RSA CLAIM REF:

When sending in receipts with the claim form **PLEASE MARK ON THE RECEIPT THE ITEM NO. IT RELATES TO ON THE LIST BELOW.** (E.g. Item 1. on claim form is Drill – mark the relevant receipt “Item 1”).

ITEM NO	MAKE, MODEL NUMBER (Including voltage)	ORIGINAL PURCHASE PRICE	YEAR PURCHASED	EVIDENCE OF OWNERSHIP (Such as: Purchase Receipt, Bank/Credit Card Statement, Paypal, Repair/Service Invoice see claim checklist for additional information)
1				
2				
3				
4				
5				
6				