

*Tradewise Insurance Services Ltd*



**COMMERCIAL VEHICLE FIRE  
AND THEFT REPORT FORM**

**300 Southbury Road,  
Enfield, Middlesex EN1 1TS  
Tel: 0344 620 1234  
Claims Department Fax: 020 8350 2350**

## Notes for guidance

Please read the notes before filling in this form.

- 1 **This form should only be filled in to confirm an individual's entitlement to drive.** It must be filled in and signed in all cases by the driver. Forms without a signature will not be accepted.
- 2 If the details on your driving licence are not up to date, return it to us and tell us what changes are needed. It is a legal requirement that you tell us immediately of a change to your permanent address or name. You could be fined up to £1000 if you do not notify us of these changes.
- 3 If you are a bus or lorry driver and have passed driver certificate of professional competence (CPC) initial test modules, or completed periodic training since 10 September 2008 (for bus drivers), or 10 September 2009 (for lorry drivers) and you need these details included in your response please fill in section 3 with your driver qualification card (DQC) number if known. **Please do not fill in section 3 if you do not hold a CPC qualification. The driver CPC information will be sent to the company separately from your driver record details.**  
**If you have any queries regarding driver CPC please contact the Driving Standards Agency in the following ways:**
  - Phone **0300 200 1122**
  - Email **customer.services@dsa.gsi.gov.uk** (referring to 'Driver CPC Enquiry')
- 4 In some instances, the company requesting details of your driver record may be making the request on behalf of the company you have a relationship with.
- 5 DVLA has a duty under the Data Protection Act 1998 to protect personal information. To ensure adequate protection, DVLA require the specific consent of the driver before releasing information. This information will only be released for the purpose of confirming entitlement to drive and will be held in accordance with the Data Protection Act 1998.
- 6 If you wish to withdraw consent you may do this at anytime under the Data Protection Act 1998. Check with your employer whether they would prefer your withdrawal of consent verbally or in writing. It is your responsibility to obtain acknowledgement of your withdrawal of consent.
- 7 If you leave your current employer **or cease to drive in connection with the named company** your consent becomes automatically invalid. If you are re-employed by the same company a new consent form will be required.

## Warning

Failure to provide sufficient information about your company or the driver you are enquiring about, or failure to sign the declaration will result in your application being rejected.

It is a criminal offence under section 55 of the Data Protection Act 1998 to unlawfully obtain or disclose (or procure the disclosure of) personal data from Data Controllers without the data subject's consent. It is also an offence to sell personal data that is illegally obtained. Convictions for offences are punishable in a Magistrates Court by a fine of up to £5000 or by an unlimited fine in a Crown Court.

Any legitimate complaints received from a driver whose details have been obtained unlawfully may be passed to the Information Commissioner to consider prosecution. If we have evidence that information has been obtained or used inappropriately we may refuse future applications.

**IMPORTANT:** Please read the notes over the page before filling in this form – Please write clearly in BLACK INK using CAPITAL LETTERS.

**1 Company details (to be filled in by the company making the enquiry):**

Company name and address (the company):

Tradewise Insurance Services Ltd,
300 Southbury Road,
Enfield
Postcode: EN1 1TS.

Account number:

Reference number:

Please delete as appropriate:

Are you making an enquiry on behalf of another company?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

If yes, company name must be entered below.

**2 Driver details (to be filled in by the driver):**

Surname:

First name:  Middle name(s)

Date of birth:

Driver number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current address:

Line 1
Line 2
Line 3
Post town
Postcode:

Address on licence (if different):\*

Line 1
Line 2
Line 3
Post town
Postcode:

\* You must tell DVLA of any changes to your address. Failure to do so could result in a fine of up to £1000

**3 CPC information (please see notes over the page):**

Please delete as appropriate:

Do you require CPC information?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

DQC number

**4 Driver declaration (to be filled in by the driver):**

**IMPORTANT:** Please read the notes over the page before signing this form

**Declaration:**  
Being the person referred to in section 2 above, I authorise the company or companies listed in Section 1 above to ask DVLA for my driver record information as and when they require, at a frequency they shall determine. I understand that the company I authorise to ask for my driver record information may use an intermediary company to make the enquiry with DVLA on their behalf.  
I authorise and direct DVLA to disclose to the company or companies in Section 1, all relevant information relating to my driver record from the computerised register of drivers maintained by DVLA. This includes personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC details (where appropriate). Medical information is not to be provided.  
This authority will expire when I cease to drive in connection with the company and in any case three years from the date of my signature.

SIGNATURE:

DATE:

**ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED FULLY AND IN BLACK INK.  
ALSO NOTE THAT ANY ATTEMPT TO DEFRAUD UNDERWRITERS WILL RESULT IN  
CRIMINAL PROSECUTION.**

Policy Number  Claim Reference

**SECTION ONE – POLICYHOLDER – A CLEAR UP TO DATE PHOTOCOPY OF YOUR DRIVING LICENCE MUST ACCOMPANY THIS FORM. DELAYS WILL OCCUR IF DOCUMENTATION IS OMITTED.**

Full Name  Date of Birth

VAT Registration Number

Trading Title

Private Address

Business Address

Full Time Occupation

Part Time Occupation

Private Tel  Business Tel

Mobile Tel  Email

Type of Licence

Licence Number

Date Test Passed

**Please give details of ALL previous convictions, including non-motoring convictions and convictions pending. If none, state none.**

Date of Conviction	Conviction Type and Circumstances	Fine / Sentence

**Please give details of previous accidents/claims/losses. If none, state none.**

Date of Incident	Circumstances	Cost

Give details of any physical defects or infirmities

Have you ever had Insurance cancelled or refused?

Do you have any other Motor Insurance policies?

If yes, give insurers details.

**SECTION TWO – LAST PERMITTED DRIVER DETAILS. ONLY COMPLETE THIS SECTION IF THIS PERSON IS DIFFERENT FROM POLICYHOLDER. (A CLEAR UP TO DATE PHOTOCOPY OF THIS PERSON’S DRIVING LICENCE MUST ACCOMPANY THIS FORM. DELAYS WILL OCCUR IF OMITTED).**

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Full Time Occupation	<input type="text"/>	Part Time Occupation	<input type="text"/>
Private Tel	<input type="text"/>	Business Tel	<input type="text"/>
Mobile Tel	<input type="text"/>	Type of Licence	<input type="text"/>
Licence Number	<input type="text"/>	Date Test Passed	<input type="text"/>
Relationship to Policyholder	<input type="text"/>		

Please give details of previous convictions including non-motoring convictions and convictions pending.  
*If none, state none.*

Please give details of previous accidents/claims/losses. *If none, state none*

Give details of any physical defects or infirmities

Has driver ever had any insurance cancelled or refused?

Does driver have any Motor insurance policies in their own name? *If yes, give insurers details*

**SECTION THREE – PARTICULARS OF VEHICLE / OWNERSHIP**

Vehicle Make/Model

Registration Number  Date of Registration

Engine Size  Colour  Mileage  Left Hand Drive?

Import?  Body Type  Date of Purchase  Price Paid

Method of Payment  Current Value

How many keys were provided with the vehicle when purchased?

Have any keys been cut for the vehicle since you purchased it? If yes, how many?

Please provide details of all key holders

Did anybody else have access to the keys at the time of the Theft?

Name and Address of person/company from whom vehicle was purchased?

Were any goods being carried? If yes, give particulars and details of Goods in Transit Insurers

If your vehicle is registered for Public or Private Hire please list the reference and issuing body of any licence?

MOT Reference Number  MOT Expiry Date

Does the vehicle have a current Road Fund Licence?  Expiry Date

Has the vehicle been modified? If yes, give full details

Was there any pre-incident damage? If yes, give full details

What was the general pre-incident condition of the vehicle

Give details of any recent repair/maintenance work on the vehicle

Does the vehicle have any distinguishing features?

Give details of any HP company interest in the vehicle

Is the vehicle registered to the Policyholder?  (If No please provide the Registered Keepers details)

Name  Relationship to Policyholder

Address

Telephone Number

**If the vehicle is owned by the Policyholder but not yet registered (i.e. stock vehicle), please clarify the following.**

Who paid for the vehicle (Insured/Named Driver/Other)?

What is their relationship to the Policyholder (if any)?

If log book is not in the Policyholders name state reason

#### **SECTION FOUR – DETAILS OF THE INCIDENT**

Date  Time

Exact Location of Loss

If incident occurred on premises, state type

Who owns the premises?

How long had the vehicle been parked at the location of loss?

For what purpose was the vehicle parked there?

When was the last time you saw / drove the vehicle?

When did you intend to collect the vehicle / drive it again?

What action was taken to secure the vehicle?

Were all doors/windows locked and in working order?

Who had the keys at the time of the Loss?

Were the keys in the ignition?

Was the vehicle fitted with an alarm/immobilizer?

Was it engaged?

State Make and Model (please supply copy of installation certificate)

When and by whom was the loss discovered?

Were there any signs of forced entry at the scene?

Please describe in detail using times, dates and places to assist, everything from the last time that you used the vehicle up until it was discovered missing and the loss was reported

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

In your opinion, how do you think the loss occurred?  
(fire to, or theft of the vehicle)

Please state names and addresses of any other person having knowledge of the circumstances of the loss.

Do you have any suspicions as to who could have perpetrated the loss and have you advised the police of your suspicions?

If stolen was the vehicle involved in an accident?, if yes give details

**SECTION FIVE - RECOVERY OF VEHICLE**

State fully who discovered the vehicle and arranged for its recovery. Include all relevant information.

Describe type and location of damage (enclose two competitive repair estimates where possible)

What is the estimated cost of repair?

Where and when can the vehicle be inspected?

Name, Address and Telephone Number of Repairer

**SECTION SIX – POLICE DETAILS – PLEASE ENSURE THAT THE APPENDIX D6 MANDATE AT THE BACK OF THIS FORM IS COMPLETED AND SIGNED IN ORDER THAT WE MAY OBTAIN A COPY OF THE POLICE REPORT. FAILURE TO COMPLETE THIS FORM WILL RESULT IN DELAYS WITH YOUR CLAIM.**

Name and Address of the station where the Loss was reported

Are you aware of the police officer assigned to deal with this matter? Please provide the name and collar number of this officer

Date and time reported and by whom

Crime Reference

Have any suspects been apprehended?

**SECTION SEVEN - FIRE BRIGADE DETAILS**

When and how was the loss reported ?

Who reported the loss ?

Full details of the Fire Brigade and Officer who attended the scene

Please provide a reference for the Fire Brigade

Have any suspects been apprehended ?

**SECTION EIGHT – ADDITIONAL NOTES**

Please provide any additional information which you feel may be helpful to us in dealing with your claim.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**WARNING – INSURERS MAINTAIN MOTOR INSURANCE ANTI FRAUD AND THEFT REGISTERS AND EXCHANGE INFORMATION TO PREVENT FRAUDULENT CLAIMS. WE REFER YOU TO THE DATA PROTECTION NOTICE ON PAGE 11 OF THE POLICY WORDING BOOKLET**



**SECTION NINE – DECLARATION**

I declare that the above statements are true and correct to the best of my knowledge and belief. I hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information with my knowledge connected with the loss and I agree to provide the Insurers with any further information or documentation as may be required. If my vehicle is a total loss I agree that the company have my permission to remove the vehicle to safe and free storage pending settlement of this claim.

I understand that any attempt to make a fraudulent claim will result in prosecution. I agree that my Insurer should deal with any Third Party claim as they see fit.

Signature of Driver or Last Person in Charge of Vehicle  Date

Signature of Policyholder  Date

**REMINDER**

**PLEASE CHECK THROUGH THE FORM AND ENSURE THAT YOU HAVE ANSWERED ALL THE QUESTIONS AS FULLY AND ACCURATELY AS POSSIBLE.**

**If the vehicle has not been recovered or appears to be damaged beyond repair please ensure you provide the following original items.**

- **Original Purchase Receipt and copy of bank statement showing appropriate withdrawal of funds**
- **Original Vehicle Registration Document**
- **Finance/Lease Agreement Documents**
- **All Vehicle Keys**
- **Plating Certificate (if applicable)**
- **Signed and Completed Appendix D Mandate**
- **Original Current and Past MOT Certificates**
- **Servicing Documents**
- **Vehicle Photographs**
- **Signed and Completed DVLA Mandate**

## Appendix D(b)

### REQUEST TO THE INSURED FOR CONSENT TO DISCLOSURE OF INFORMATION HELD BY THE POLICE

#### Details of Insurer/Loss adjuster to who response should be sent

Name:

Claim No.:

Address:

**If request is from a Loss adjuster details of insurer on whose behalf the Loss adjuster is working**

Name:

Address:

#### Details of Insured

Name:

Address:

#### Details of Crime

#### Date and Location of Crime

In order to assist with the progress of your claim, we would ask for your consent to enable us to obtain the following information from \_\_\_\_\_ Police / Constabulary.

The information requested and the reason for seeking it is set out below.

#### Information Requested - Details of Crime

Crime Reference Number:

Date and Time of report to Police:

Aggrieved Person:

Location of crime:

The reason we need this information is:

#### Consent

I \*consent / do not consent to the release of this information.

\*Signed:

Date:

\* Insurers or Loss Adjusters should ensure that consent is obtained from the person who supplied the information to the police.

**Additional information. This must be specific and state exactly what you can justify as being necessary. For example, copy of the victim's statement, what the person reporting said in the initial call, list of stolen property, verification of entry, location of keys, etc. The police will not supply copies of SOCO/forensic reports, ANPR records, results of house to house enquiries or details of the police investigation. The reason for each item must be explained below and the relevant person's consent must be shown.**

<b>1. Information Required</b>			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Reasons</b>			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Consent</b>			
I *consent / do not consent to the release of this information.			
<b>**Signed:</b>	<input style="width: 80%; height: 20px;" type="text"/>	<b>Date:</b>	<input style="width: 20%; height: 20px;" type="text"/>

<b>2. Information Required</b>			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Reasons</b>			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Consent</b>			
I *consent / do not consent to the release of this information.			
<b>**Signed:</b>	<input style="width: 80%; height: 20px;" type="text"/>	<b>Date:</b>	<input style="width: 20%; height: 20px;" type="text"/>

<b>3. Information Required</b>			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Reasons</b>			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Consent</b>			
I *consent / do not consent to the release of this information.			
<b>**Signed:</b>	<input style="width: 80%; height: 20px;" type="text"/>	<b>Date:</b>	<input style="width: 20%; height: 20px;" type="text"/>

Do you wish the Police to send you a copy of their response to these questions? Yes/No\*

\*(The claimant should delete as appropriate)

<b>Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>**Signed:</b>	<input style="width: 80%; height: 20px;" type="text"/>	<b>Date:</b>	<input style="width: 20%; height: 20px;" type="text"/>

