

THEFT & MALICIOUS DAMAGE

Policy Number Full Name Preferred Telephone no.

Address

Are you able to recover VAT on the cost of replacement? Yes No

Please give full details of any previous caravan related claims

Please give full details of any previous convictions

CARAVAN DETAILS

Make	<input type="text"/>
Model	<input type="text"/>
Year of Manufacture	<input type="text"/>
Date of Purchase	<input type="text"/>
Has your caravan ever been registered with CRIS	<input type="text"/>
CRIS No	<input type="text"/>
Chassis / VIN No	<input type="text"/>
Do you own the caravan	<input type="text"/>
If no, please advise name of owner	<input type="text"/>
If subject to hire purchase, or finance, please provide details	<input type="text"/>

TOWING VEHICLE

Make Model VRN

THEFT & MALICIOUS DAMAGE

Date and Time Caravan was left Date and Time loss / damage discovered By whom?

Description of incident and damage to caravan

Please provide details of anti theft devices fitted in the caravan at the time

Type	Fitted	Make	Model	Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Police Station Address	<input type="text"/>
Name of officer	<input type="text"/>
Telephone Number	<input type="text"/>
Date / Time Reported	<input type="text"/>
Crime Reference Number	<input type="text"/>

What security measures were in place where the caravan was left

THEFT & MALICIOUS DAMAGE

Contents /
Accessories
Damaged

Item	Make	Date of purchase	Original Cost	Replacement Cost

DECLARATION

I / we declare that I / we have read and understood all statements above including those completed on my / our behalf by Thistle Insurance Services Limited and confirm that they, to the best of my / our knowledge and belief, represent a true and accurate description of my / our loss and the circumstances that gave rise to it.

Please note that intentionally exaggerated claims are fraud, which may invalidate your cover and is a criminal offence potentially liable to prosecution.

Signature of Insured/s

Date