

Guidance Notes

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

INSURANCE BROKER DETAILS

IMPORTANT: PLEASE READ CAREFULLY Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to your Insurance Broker, who arranged this insurance for you. They will forward it to AIUA.

Name & Address								
Postcode					Tel. No.			
Contact Name					Email			
To be completed by								
If you are unable to co	mplete	this form persor	nally, it may be	e complete	d on your bel —	half.		
Policy No.		Policyholders Name						
Insured Person's full name (including any titles)								
Date of Birth		Occupation(s)						
Address								
Postcode			Tel. No.			Mobile		
VEHICLE DETAILS								
Vehicle Make				Model				
Registration No.				Year of r	manufacture			
Value		£		Mileage of the vehicle		9		
Name of Registered Keeper displayed on the V5 Documents				Name of any finance or Leasing Co.		or		
If claiming in respect or incident the item was a				hether at t	he time of th	ie		
If attached, please confirm the registration of the vehicle it was attached to.								
Please advise of any far fitted extra's or vehicle enhancements								

Person In Charge Details

Name of person in charge of vehicle at the time of theft		Address					
Is this the usual residence for this vehicle?	YES / NO (delete as applicable)	If 'NO' please provide the usual address					
Tel. No.		Mobile No.		Date of Birth			
Date UK driving test passed		Categories entitled to drive					
Details of accidents in the last 3 years							
Is this driver the main u	ser of the vehicle?		YES		NO		
Details of all motoring of	convictions						
Was vehicle being used		YES		NO			
Was the driver an empl		YES		NO			
What is the primary use	e for this vehicle?						
Theft Details							
Date of Theft			Time of Theft				
Exact Location of theft							
Was the vehicle in a loc		YES		NO			
Was the vehicle locked?	?		YES		NO		
Was the vehicle fitted v	YES		NO				
Was this activated at the time of theft?			YES		NO		
If an ATV, how was it sec	rured?						
When was the vehicle las	DD/MM/YYYY		AM/PN				
Where were the keys for	the vehicle at the time of the	theft?					
When were the police notified?			Crime Reference N	No.			
Please give details of th police station and name attending officer							

If your vehicle should be recovered once we have been notified of this theft, please advise us immediately. (If your vehicle has already been recovered, please complete questions on the following page.

State the date the vehicl	e was recovered?				
By whom was the vehicl	e recovered?				
Location of the vehicle r	now?				
Is the vehicle incurring s	torage charges?				
RECOVERED VEHICLE DA	AMAGE DETAILS				
Description of damage					
Is the vehicle drivable?					
Please support these sta	tements with an estir	mate for repair			
PLEASE COMPLETE THIS	SECTION IF THE CLA	AIM IS FOR AUDI	O EQUIPMENT ONLY.		
Was this fitted as standa	ard to the vehilce?			YES	NO
Make		Model		Serial No	
Value Added Tax (Lega	al/ Professional Rep	presentation).			
Are you VAT registered?			YES NO		
Can you recover 100% \	VAT for this claim ?		YES NO		
If not, what percentage	can you recover	<u></u> %			
lt may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax. b These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it. c If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way. d We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover. If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.) Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.					
DECLARATION					
of the Insurer(s) and the the making of a fraudule I/We confirm that the in	at I/We confirm our in ent claim by providin nformation given on t d not claimed amour	nformed consenting untrue inform this form is to the other than the refunded to the other than the refunded to the other than the refunded to the other than	name of Geo Underwriting to the claim being handled ation is a criminal offence he best of my knowledge a me or claimed from any ot	d on this basis. I/W likely to lead to pro and belief, true in e	/e understand that osecution.
AIUA, Grimbald Crag Close, Knaresborough, HG5 8PJ,					
T: 0344 346 0411, F: 0344 346 0412 email reception@aiua.co.uk www.aiua.co.uk					

AIUA is a trading name of Geo Underwriting Services Limited

Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN

Registered in England No. 4070987

Authorised and regulated by the Financial Conduct Authority. FCA Register Number 308400

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IMPORTANT NOTICE TO ALL CLAIMANTS

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address ensuring our claims reference is quoted.

Geo Underwriting Services Ltd utilise an encrypted email system, but if your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

Please detach the final page if details regarding your claim need to be completed by your vet, doctor or other such professional, due to the sensitive data contained.

Name of Bank	
Branch	
Sort Code	
Account No.	
Account Name	
Claims Reference	

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