BCIC

MOTOR THEFT REPORT FORM

We are so sorry for the loss of your vehicle. Tell us about the incident and we will get your life back on track. It is important that this form be properly completed, signed and dated to avoid any delays.

1. About you (Policyholder)

Full Name	Address	Occupation
Mobile #	Home #	Business #
Email	Contact preference Email □ Telephone □	Policy #
Were you the person in charge of your vehicle immediately before it was stolen? Yes □ No □ *If yes, go to section 3. If no, provide custodian's details in section 2*		

2. About Custodian (Person in charge of your vehicle immediately before the theft)

Full Name	Address	Occupation
Mobile #	Home #	Business #
Email	Contact preference Email □ Telephone □	
Please submit a copy of the custodian's driver's licence (front and reverse sides) along with this form		

3. About your vehicle

Year	Make	Model
Registration No.	Chassis #	Engine #
Is there a mortgagee, hire purchase agreement or loan in respect of your vehicle? Yes □ No □		
If yes, please state the Finance Company's name and branch (if applicable):		
Was the vehicle modified in any way? Yes □ No □		
If yes, give details:		
State special identifying mark/s on your vehicle (if applicable):		
Was an anti-theft device or vehicle tracking device functional on your vehicle at the time of loss? Yes □ No □		
Is yes, give details:		
Please submit copies of current motor vehicle documents and most recent valuation along with this form		

4. Details about what happened

What date did it happen? (dd/mm/yyyy)	What time did it happen? _____a.m. / p.m.
What date was the vehicle last parked? (dd/mm/yyyy)	What time was the vehicle last parked? _____a.m. / p.m.
Where did it happen?	Did you report the theft to the police? Yes □ No □ If yes: State name of police station:_____ State name of investigating officer: _____

Please describe in detail what happened:

5. About witness

Do you know of any person who observed or heard of the breaking into or removal of your vehicle?

Yes □ No □ *If yes, please provide details below:*

Name	Address	Telephone No./Email Address

6. Declaration and Signature/s

I/We hereby declare that to the best of my/our knowledge and belief that the above details are true and complete in every detail and have been supplied to the Company in order that attorneys by them on my/our behalf may conduct any legal proceedings on my/our behalf.

_____ _____

DATE SIGNATURE OF POLICYHOLDER/S

_____ _____

DATE SIGNATURE OF CUSTODIAN

THANK YOU & NEXT STEPS
Please tear off and keep this section for future reference

1. Thank you for completing this form. You will be contacted within the next 4 working days regarding the status of your claim.
2. Please submit this form along with most recent valuation and a copy of your custodian's driver's licence (if applicable) to your nearest BCIC Branch, Broker or Agent or you may email to claimsedocs@bcicbarbados.com
3. We may appoint an investigator to look into the circumstances of the theft upon receipt of this form. If we do, kindly give the investigator as much cooperation as possible, as this will help us expedite your claim.
4. If you have comprehensive cover, please note that an excess (or deductible) will be applicable. This is an amount you pay out of pocket towards the claim.
5. If the vehicle is recovered damaged, we will require an estimate of repairs. If not recovered, we will require all original documents to include the partially transferred title and key/s.
6. If you have any questions or need to update any information regarding your claim, please contact us at claimsedocs@bcicbarbados.com or (246) 621-7340 or you may reach out to your Broker or Agent.

We're here for you!
Our Motto: We focus on the *CUSTOMER*, not the claim