

REQUEST TO THE INSURED FOR **CONSENT**<sup>1</sup> TO DISCLOSURE  
OF INFORMATION HELD BY THE POLICE<sup>2</sup>

Re: Vehicle Registration Mark (VRM): \_\_\_\_\_ (Make/Model): \_\_\_\_\_

**1. Information Required**

Dates & Times the vehicle was last used, last seen, discovered missing/damaged and time reported to the police

**Reasons** - to confirm the account supplied by the insured

**2. Information Required**

What the person reporting stated in the initial call to include where the vehicle had been left, why and by whom. stolen.

**Reasons** - to confirm the account supplied by the insured

**3. Information Required**

Copy of the victim's statement

**Reasons** - to confirm the account supplied by the insured

**4. Information Required**

Verification of the number and location of the vehicle keys and any data relating to the means by which the vehicle was taken or how it was suspected to have been stolen.

**Reasons** - to confirm the account supplied by the insured

**5. Information Required**

ANPR sighting for the period 12 hours before the vehicle was last used to the present date.

**Reasons** - to confirm the account supplied by the insured

**6. Information Required**

Conformation that there is a suspect(s) or whether any party has been charged with the offence and if so, when they are due to appear before the Court

**Reasons** - to confirm the account supplied about the crime, validate the claim and assist with potential recovery.

**Name** (block Capitals): \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CMA reference:** \_\_\_\_\_

<sup>1</sup> consent may be withdrawn at any time by emailing [claims@cmaclaims.co.uk](mailto:claims@cmaclaims.co.uk) – please cite our reference number and your VRM in the subject line

<sup>2</sup> format consistent with 'data sharing'; National Police Chiefs' council & Association of British Insurers consent mandate <https://www.cmaclaims.co.uk/npcc-abi-national-guidance-on-data-sharing/>

## POLICE SUBJECT ACCESS REQUEST

This form allows the party to whom it is addressed, to provide information required to process your claim. Some Data Controllers are reluctant to provide information to Third Parties such as ourselves. This form is your authority for information to be provided directly to us, represents a **Subject Access Request<sup>3</sup> (SAR)**.

**To progress this approach, you authorise us to provide the data holder/controller proof of your identity if requested. This is likely to be a photo ID i.e. copy licence and an address ID i.e. a utility bill.**

By law, a response must be sent to CMA within 1 calendar month of the SAR.

Vehicle Registration Mark (VRM): \_\_\_\_\_ (Make/Model): \_\_\_\_\_

To (police constabulary): \_\_\_\_\_

Police reference: \_\_\_\_\_ Date of Crime: \_\_\_\_\_

I (name): \_\_\_\_\_ Born (date of birth): \_\_\_\_\_

of address: \_\_\_\_\_

in accordance with my Subject Access Rights, freely give my consent for the police to act in accordance with my subject access rights and supply information, directly to Claims Management & Adjusting Ltd r/o 39-41, High Street, West Malling, Kent ME196QH. **T:** 01732 22 0750 **E:** claims@cmaclaims.co.uk **W:** www.cmaclaims.co.uk

The information I consent to being disclosed is:

- A copy of the crime report and any other information relating to VREGNO1/VDESC1 such as reports containing the VRM and ANPR data.

This consent does **NOT** extend to criminal record or medical information.

I have read the above and have been provided correspondence which describes the action I can take in the event I wish to rescind this authority.

I have been advised that the information will not be used other than in the course or connection of this claim.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

C.M.A. ref: \_\_\_\_\_

<sup>3</sup> <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/>