

Branch Address

If you are completing this form for information purposes only rather than submitting a formal claim under your policy please tick box

Motor Vehicle Accident Claim Form

When you complete the claim form, please write clearly in block capitals and use ink. Please sign and date the form.

Details of Policyholder		Claim No.
Name(Mr/Mrs/Miss/Ms)	Occupation/Business	
Address	Telephone No. Home	
.....	Business	
.....Postcode	Policy or Certificate No.	

Vehicle/Use

Make Model Registration No.

Year first registered Engine Capacity Chassis No.

Give details of any trailer and/or loose container

Is the vehicle, trailer or container owned by policyholder?YES/NO

If not give details of owner

Was the vehicle being used on policyholders order or with permission?YES/NO

For what purpose was the vehicle being used?.....

If commercial vehicle, Gross Vehicle Weight.....

Particulars of Driver

Name Age

Address Date passed driving test

..... Type of licence held - Full/Provisional/Heavy Goods (Delete as appropriate)

..... Postcode Permitted Groups

If licence issued outside Great Britain, Northern Ireland or Channel Islands, state how long held years

If driver is not policyholder give details of relationship e.g. employee, family relation, friend

Has driver (a) been convicted of any driving or motoring offence within the last 5 years or is any prosecution pending?YES/NO

If 'YES', please give full details including the date, offence code and penalty points

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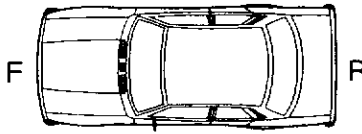
(b) been involved in an accident during the last 5 years?YES/NO

If 'YES', please give details

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If private car, who is the main user?

Details of Damage to the Policyholder's Vehicle

Damage	Point of Impact: Mark XXXXXX
	

(If we cover the damage to your car our Recommended Repairer Scheme offers the advantage of guaranteed repairs. Please ask any ~~Repairer~~ ~~Recommended Repairer~~ or your Insurance adviser about the most suitable repairer for your particular vehicle.)

Is your vehicle still in use?.....YES/NO

Have you authorised repairs?YES/NO

Where may our engineer inspect the vehicle?

Are you registered for V.A.T.?YES/NO

What percentage can you recover?.....%

If you are registered for V.A.T. do you authorise us to instruct repairs on your behalf?YES/NO

(The V.A.T. content of the repair account is payable by you to the extent that you can recover the tax.)

Sketch: Please make a rough sketch showing road widths, traffic lights, warnings, etc., where appropriate. Indicate direction of vehicle with an arrow

Give name and address of any independent witnesses.

1.

 Tel No.

2.

 Tel No.

Circumstances of Accident

Date Time am/pm Place: Street or Road

Town County Speed

Weather Conditions.....

Do you feel you (or the driver of your vehicle at the relevant time) was responsible for the accident?..... YES/NO/Partially

If 'YES', do we have your permission to deal with the third party claim?..... YES/NO

Did the Police attend?..... YES/NO

If 'YES', give the officers name number and station

Name No. Police Station

Have the police issued a notice of intended prosecution or given a verbal warning or caution?..... YES/NO

If 'YES', to whom and for what alleged offence?.....

Give details of what happen.

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Particulars of Other Parties Involved and Property Damaged

Name and Address of owners and, if appropriate, driver	Make/Model Reg. No.	Insurers Name, Address and Policy No.	Apparent Damage
..... Postcode			

Details of Persons Injured

Name and Addresses	Nature of Injury
1. Own passengers:	
2. Others:	

Were the passengers wearing seat belts?.....YES/NO

Were the passengers employed by you?.....YES/NO

All communications relating to the accident must be forwarded as soon as possible unanswered to the Company. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. and via the Motor Insurance Anti-Fraud and Theft Register, operated by the Association of British Insurers. Lists of participants are available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief.
 I/We understand that you may seek information from other insurers to check the answers I/we have provided.

Date Policyholders Signature Drivers Signature