



MOTOR CLAIM FORM

1: Policyholder Details

Policy Number	
Policyholder	
Contact	
Phone Number	
Address	
Post Code	
Excess	
VAT Reg	
Cover	

2: Driver Details

Full Name	
Date of Birth	
Address	
Post Code	
Contact Phone No	

a) Please select the type of driving licence the driver has for the vehicle being used:

- Full License: More than 2 years experience
- Full License: 1-2 years experience
- Full License: Less than 1 years experience
- Provisional License
- None

b) Has the driver any Motor Insurance in his/her own name?

Does the driver:

i) Have any medical conditions or disabilities that the DVLA are aware about?

ii) Any motoring convictions in the last 5 years or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?

iii) Any previous accidents, losses or thefts in the last 3 years?

iv) Any criminal convictions (or been charged with a criminal offence but not yet tried)?

v) Any County Court Judgements registered against him/her in the past 6 years or defaulted on any credit agreement (including loans)?

If answered yes to questions i to v please provide details:

Is the driver employed by Policyholder? (Yes, in what capacity?, No, what is the relationship to the policyholder?)

3: Insured Vehicle Details

Registration No.	
Owner	
Mileage	
Any Modifications	
Make and Model	
Lease/HP	
Colour	
Engine Size	

a) **What was the vehicle being used for?**

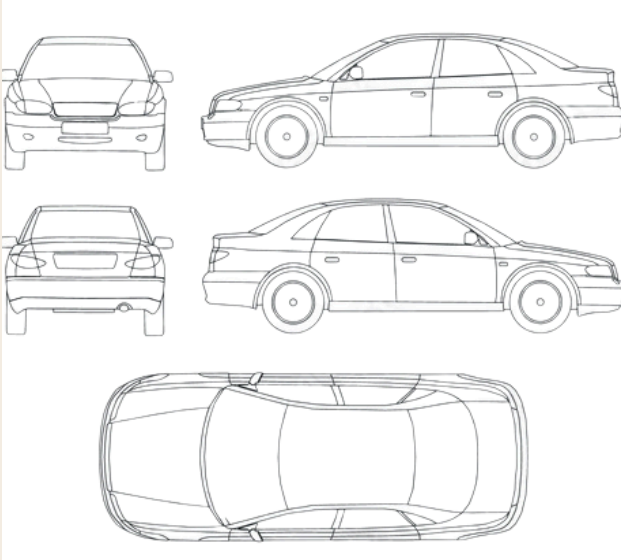
b) **Travelling from:**

Where is the vehicle?	
Is it mobile?	
Vehicle still in use?	
NU approved repairer needed?	

4. Incident Details

Date and Time	
Location	
Description of Accident (Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc)	
Speed of Travel	
Road Conditions	
Number of Passengers	
Fault/No Fault?	
Any admission of responsibility?	
CCTV or Dashcam footage?	

To the best of your knowledge, select the area(s) of your vehicle which have been damaged:



Bumpers
Engine
Interior
Roof
Sidepanels
Underneath
Wheel
Windscreen
Wing Mirror

Police:

Were the police notified?

Name of Officer

Police Report No.

Further details

Additional Notes:

Claim for damages?

Has an estimate been carried out?

Area and Extent of Damage

5. Theft (if applicable)

Theft location	
Date and Time of theft	
Circumstances of theft	
Any personal effects stolen?	
Was the vehicle unattended?	
Were doors/boot locked?	
Where were ignition keys?	
Has vehicle been recovered?	
(details of location)	

6. Third Party Details (if applicable)

Name	
Address	
Post Code	
Contact Phone No	
Vehicle Registration	
Make and Model	
Insurer	
Policy Number	
Is TP in a hire vehicle?	
If so, Hire Company:	
No of Passengers	
Area and Extent of Damage	

7. Third-Party Injury (if applicable)

Name of Injured Parties	
Address	
Telephone No.	
Injury sustained	

8. Other Information (if applicable)

Witness

Address

Telephone No

Other

Full Name	
Date	
Signature of Insured	