



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

Telephone No: Home

Business

Vehicle Use

Make/Model Colour Registration No

Who is the owner of the vehicle?

For what purpose was the vehicle being used?

Particulars of Driver

Name Mr, Mrs/Miss/Ms) Date of Birth

Address Date passed driving test

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

..... Postcode Permitted Groups

How long licence held? (years)

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

(b) been involved in an accident during the last 5 years? Yes/No

If "Yes" please give details

Details of Damage to the Policyholder's Vehicle

Damage	
Is your vehicle still in use? Yes/No	
Where may our engineer inspect the vehicle?	
Are you registered for V.A.T	Yes/No What percentage can you recover? %.....

Give name and address of any independent witnesses	
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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 officer's 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?		

