

## MOTOR CLAIM FORM

### 1. Policyholder

Name: (Mr/Mrs/Miss)	
Occupation:	
Address and postcode:	

Policy/certificate no:			
Are you registered under the VAT regulations?	Y	N	

Daytime tel number:		Mobile number:	
Email address:			

### 2. Driver (or person in charge of vehicle)

Name: (Mr/Mrs/Miss)			
Date of birth:		Date of first full licence:	
Occupation:			
Permanent address and postcode:			
How long employed by you: (if applicable)		Current licence number: (State if provisional)	

Daytime tel number:		Mobile number:	
Email address:			

Is the driver the main user?	Y	N
If 'No', give proportion of use:	%	

If not the Policyholder, did the driver have their permission to drive?	Y	N
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Does the driver own a motor vehicle?	Y	N
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**If 'Yes', give the name and address of Insurer and number of Motor policy:**

Insurer name:	
Motor policy number:	
Insurer address and postcode:	



Has <b>Driver</b> been involved in any accident or loss during the past three years?	Y	N
Has <b>Driver</b> ever been prosecuted or incurred a Fixed penalty for an endorsable offence in connection with a motor vehicle?	Y	N
Has <b>Driver</b> ever been declined or refused for vehicle insurance?	Y	N
Has <b>Driver</b> any physical defect, infirmity or impairment of sight or hearing?	Y	N

**If answer to question 1, 2, 3 or 4 above is 'Yes' please give further details:**

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### 3. Insured Vehicle

Make:		Model:	
Registration no:		Year of manufacture:	
Name of H.P. company or finance house interested: (If any)			
<b>Description of damage:</b>			
Repairer's name:			
Repairer's tel number:			
Repairer's address and postcode:			

Is vehicle at repairer's premises?	Y	N
Estimated cost of repair: (If known)	Y	N

Number of persons being carried: (Including the driver)	
Purpose for which vehicle was being used:	
Nature of goods being carried: (If any)	

### 4. Third Party

Name: (Mr/Mrs/Miss)			
Registration no:		Policy/certificate no:	
Make:		Model:	

Third Party address and postcode:	



Daytime tel number:		Mobile number:	
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Name of Insurer:	
Insurer's address and postcode:	

<b>Description of damage to other Vehicle or Property:</b>

**5. Injured Person(s) (Attach additional sheets if there is not enough room below)**

Name: (Mr/Mrs/Miss)		Age: (Approx)	
<b>Please select:</b>	Occupant of insured car	Occupant of other car	Pedestrian
Injuries sustained:			
Address and postcode:			

<b>Particulars of Hospital or Doctor attending injured person:</b>

Name: (Mr/Mrs/Miss)		Age: (Approx)	
<b>Please select:</b>	Occupant of insured car	Occupant of other car	Pedestrian
Injuries sustained:			
Address and postcode:			

<b>Particulars of Hospital or Doctor attending injured person:</b>

**6. Witnesses (Attach additional sheets if there is not enough room below)**

<b>Name and address of all independent witnesses:</b>
1.
2.
3.

<b>Name and address of all passengers in Insured vehicle:</b>
1.
2.
3.

<b>Were particulars taken by a Police Officer? If so, give name, number and station:</b>
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### 7. Accident

Date:		Time:	
Place:			
State of roads:		Weather conditions:	

	Insured vehicle	Third party
Estimated speed		
Position in road		
What lights were used?		

### Description on accident: (If more space is required, please attach additional sheets)

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### Sketch plan of accident: (Please attach additional sheet with complete sketch of accident. Show if possible, widths of roads, location and direction of travel vehicles or pedestrians concerned and relevant road signs)

### 8. Declaration

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the claims and underwriting exchange register, operated by insurance database services Ltd. A list of participants is 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 this claim will be provided to participants.

I declare the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue and enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature:		Name of signatory:	
Title/Position:		Date:	

### The completed form should be returned to:

Chiltern House, 181 Bristol Avenue, Bispham, Blackpool, Lancashire, FY2 0FP

Tel: 01253 594 211 Out of Hours (Alps): 01260 241 555 / 0844 848 1200

Fax: 01253 500 473 Email: [mail@rowlands-hames.co.uk](mailto:mail@rowlands-hames.co.uk) [www.rowlands-hames.co.uk](http://www.rowlands-hames.co.uk)

