

# Claim Form



**CLIENT NAME:**

**POLICY NUMBER:**

**Address:**

**Driving with insured's full permission:**

**Yes**

**No**

**Date and time of accident:**

**Precise location of accident (road name etc):**

**Driver's name:**

**Date of birth:**

**National Ins No:**

**Address:**

**Contact Telephone:**

**Driving Licence attach a copy including paper part showing any convictions.**

**Do you have any pending convictions?**

**Date passed test for class of vehicle used:**

**Do you have any medical conditions?**

**Details of all accidents involved in, regardless of fault for the last 5 years:**

**Vehicle make, model and registration number:**

**Third party name and address and any other contact details - tel no etc:**

<b>Third party insurance details if disclosed:</b>	
<b>Third party vehicle make, model and registration number:</b>	
<b>Were any of the parties injured in the collision? If so, who?</b>	
<b>Were there any witnesses to the collision? If so, provide full details continue at the end of the form if insufficient space:</b>	
<b>Did the police attend? if so, provide full details:</b>	
<b>Who in your opinion was responsible for the collision and why?</b>	
<b>Please provide your full version of the events leading to the collision:</b>	
<b>Were there any passengers in your vehicle? if so, provide full details:</b>	

How many people were there in the third party's vehicle?

Describe the damage to both vehicles:

Please draw a diagram of the accident showing the position of the vehicles at the time of the collision:

Continuation sheet if needed (any other relevant information):

Signed:

Date: