



MOTOR CLAIM FORM

(1) BROKER DETAILS

Name	Town & Country Insurance
Address	16 East Street, South Molton, Devon, Ex36 3BU.
Telephone:	01769 572557
Fax:	01769 574806
Email	info@insurance-policies.co.uk

(2) YOU THE POLICYHOLDER

Name:	
Address:	
Policy Number:	
Telephone:	
Mobile	
Email:	
Business/Occupation	

(3) VEHICLE/USE

Make		Model		Reg No	
Engine		Reg Year		Chassis No	
Please give details of any trailer and/or loose container:					
Is the trailer and/or container owned by the policyholder:				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO to above please give details of owner:					
Was the vehicle being used on the policyholders order or with permission				Yes <input type="checkbox"/> No <input type="checkbox"/>	
For what purpose was vehicle being used for:					
If Commercial Vehicle please advise of vehicle gross weight:					

(4) PARTICULARS OF DRIVER

Was the driver the policyholder:				Yes <input type="checkbox"/> No <input type="checkbox"/> If NO please fill in below	
Name					
Address					
Age		Date passed test	/	/	
Type of licence held: Full / Provisional / Heavy Goods / Other				(delete where appropriate)	
If licence issued outside Great Britain, Northern Ireland or Channel Islands please state how long held:				Years	
If driver is not the policyholder please give details of relationship e.g. employee, family, friend					
Has the driver	(a) been convicted of any driving/motoring offence/s within the last 5 years or is any pending				Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) been involved in any accidents in last 5 years				Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes to a or b please advise	
If a private car – who is the main user	

(5) DETAILS OF DAMAGE TO VEHICLE

Please advise of all damage to vehicle:	
Is the vehicle still in use	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you authorised repairs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is the vehicle currently	
Can the vehicle be inspected here by engineers if applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you VAT registered	Yes <input type="checkbox"/> No <input type="checkbox"/> What percentage can be recovered %
Please make a rough sketch below showing your events, warnings, traffic lights etc:	Please state below the names and addresses of any independent witnesses, if applicable:
Sketch:	(1)
	Telephone number:
	(2)
	Telephone Number:

(6) CIRCUMSTANCES OF ACCIDENT

Date: / /	Time: am / pm	Speed: mph
Place:	Town:	Country:
Who do you feel is to blame for the accident:		
Did the police attend	Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Reference Number:
Did the police give a verbal warning or notice of intended prosecution		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES to above, please advise:		

Please give details of what happened below:

(7) PARTICULARS of OTHER PARTIES INVOLVED & PROPERT DAMAGED

Name & Address of Owners & if Appropriate, driver	Make/Model Reg.No.	Insurers Name, Address & Policy No	Apparent Damage

(8) DETAILS OF PERSONS INJURED

Name and Address	Nature of Injury
(1)	
(2)	
(3)	
(4)	
Where the passengers wearing a seatbelt Yes <input type="checkbox"/> No <input type="checkbox"/>	Are the passengers employed by you: Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO to above, please advise:	If YES to above, please advise:

(9) ADDITIONAL INFORMATION, PHOTOS & EVIDENCE

Please advise of any additional information that you think maybe relevant:

Were any photos taken: Yes No
 If YES please send back in with this claims form:

If NO can any be taken Yes No

(10) DECLARATION

I/We hereby declare the foregoing particulars to be correct in all respects

Signature of Employer:

Status: Date: / /