



**MOTOR TRADERS CLAIM FORM**

**(1) BROKER DETAILS**

Name	Town and Country Insurance
Address	16 East Street, South Molton, North Devon, EX36 3BU
Telephone No	01769 572557
Fax Number	01769 574806
Email Address	info@insurance-policies.co.uk

**(2) POLICYHOLDER DETAILS**

Policy Holder	
Policy Number	
Contact	
Address	
Telephone	
Email	
Mobile	
Excess	
VAT Registered	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(3) ROAD RISKS / MOTOR ACCIDENT DETAILS**

**MATERIAL DAMAGE DETAILS**

Date		Date	
Time		Time	
Place of Incident:		Place of Incident	
Driver Details – Name & Address		How did it happen, i.e. fire, theft, storm:	
Is the driver the owner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the damage to you property:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO who is		If YES please state briefly the circumstances:	
Make & Model		Are you insured under another policy for loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
Engine size:		If yes please give details:	
Name/Address of Third Party		Is there a financial interest in property	Yes <input type="checkbox"/> No <input type="checkbox"/>
TP Insurance details		If yes please give details:	
Anyone Injured		Was premises occupied at the time:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please advise severity:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your vehicle driveable:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES by whom:		Is everyone else's driveable:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO when was last occupied:		If NO where is the vehicle:	
Describe your damage:		Have the police been notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does our driver have a full licence	If YES please state date:
Does our driver have any claims/convictions Yes <input type="checkbox"/> No <input type="checkbox"/>	Police reference number:
Is the driver employed by the policyholder Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES to what capacity	
If NO what is relation to policyholder	
Have the police been notified:	
If YES please state date:	
Police reference number:	

**(4) DETAIL DAMAGED/ LOST ITEMS**

Were any contents/items/tools/machinery stolen as a result of the incident: yes <input type="checkbox"/> No <input type="checkbox"/> If yes please advise below
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**(5) STOLEN ITEM/CONTENT/MACHINERY DETAILS (IF APPLICABLE)**

Item Detail	Approx age of Item?	Any Salvage Value?	Amount for Repair/replace	Has It Been Repaired/Replaced already?	Receipts attached/available?
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					
Totals					

**(6) PHOTOS/EVIDENCE**

Where any photos taken	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please send back in with claims form:	
If No, can any still be taken??	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(7) ADDITIONAL INFORMATION**

Any Additional Information:

**(8) SKETCHES/DIAGRAMS**

Please add any sketches/diagrams if wish:

**(9) DECLARATION**

I/We herby declare the foregoing particulars to be correct in all respects
Signature of Policyholder:
Status: <span style="float: right;">Date:    /    /</span>