

TOWN & COUNTRY

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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 No
If NO to above please give details of owner:					
Was the vehicle being used on the policyholders order or with permission					Yes No
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 No	If NO please fill in below	
Name					
Address					
DOB		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 No	
	(b) been involved in any accidents in last 5 years			Yes No	
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 No	
Have you authorised repairs		Yes No	
Where is the vehicle currently			
Can the vehicle be inspected here by engineers if applicable		Yes No	
Are you VAT registered	Yes No	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:	
Sketch:		(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 No	Police Reference Number:
Did the police give a verbal warning or notice of intended prosecution		Yes No
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 No	Are the passengers employed by you: Yes No
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 herby declare the foregoing particulars to be correct in all respects	
Signature of Employer:	
Status:	Date: / /