

SECTION 1 - POLICYHOLDER

Policyholder Name:	
Policy Number:	
Contact Name:	
Contact Number and/or Email:	
Can the policyholder recover VAT:	Tick one:      Yes                      No                      Partially
If yes/partially, please advise the percentage recoverable:	

SECTION 2 - VEHICLE DETAILS

Make:	Model:	Registration Number:
Mileage at date of incident:	Is the vehicle modified from standard:	Tick one:      Yes                      No
Who is the legal owner of the vehicle:		
Is there any leasing or hire purchase agreement:	Tick one:      Leasing Agreement                      Hire Purchase Agreement                      No	
If yes, please provide agreement number and name and address of the HP/leasing company:		

SECTION 3 - DRIVER / LAST KNOWN USER DETAILS

Name:	
Job Role/Company Position/Relationship to the policyholder:	
Date Of Birth:	
What date did the driver pass their test:	
What type of licence does the driver hold:	Tick one:      Full UK                      Provisional UK                      Other Full EEC                      Provisional EEC
If other, please state the licence type:	
If an HGV licence, please state HGV licence type:	
Date HGV licence obtained/renewed (if applicable):	
For what purpose was the vehicle being used at the time of the incident:	
Detail any motoring convictions, offences or any pending prosecutions in the last 5 years: If yes, confirm code and when attained:	
Details of any Medical Conditions reportable to the DVLA:	
Detail any claims in the last 5 years:	

## SECTION 4 - INCIDENT DETAILS

<b>Date:</b>		<b>Time:</b>	
<b>Circumstances:</b>			
<b>Location at time of incident:</b>			
<b>Any CCTV/Dashcam footage</b> (if yes, please provide copies):	Tick one:	CCTV	Dashcam
		Both	None
<b>Crime Reference Number</b> (if applicable):			

## SECTION 5 - OWN DAMAGE (IF THEFT GO TO SECTION 7)

<b>Details of any damage to vehicle:</b>			
<b>Do you wish to claim for own damage:</b>	Tick one:	Yes	No
<b>If yes, please select if using own or approved repairer:</b>	Tick one:	Own Repairer - please provide estimate for repair	Approved Repairer
<b>Speed at impact:</b>			
<b>Road &amp; Weather Conditions:</b>			
<b>Please provide details of any passengers:</b>			
<b>Please provide details of any injuries to driver/passengers:</b>			
<b>Did any emergency services attend:</b>	Tick one:	Ambulance	Fire
		Police	2 or more services
<b>Is the vehicle driveable:</b>	Tick one:	Yes	No
<b>If no, is recovery required:</b>	Tick one:	Yes	No
		Already Recovered	
<b>Current Vehicle Location:</b>			
<b>Do you accept liability for the incident:</b>	Tick one:	Yes	No
<b>Witness/es Name and Address</b> (if applicable):			

## SECTION 6 - THIRD PARTY DETAILS

<b>Name:</b>		
<b>Address:</b>		
<b>Contact Details:</b>		
<b>Third Party Vehicle Make and model:</b>		<b>Registration Number:</b>

Insurance details if known:	
Any Passengers:	Tick one:            Yes            No
Details of damage to third party vehicle:	
Details of any injury to third party driver and/or passengers:	

### SECTION 7 - THEFT

Where is the vehicle kept overnight:	
Are you claiming for personal effects:	Tick one:            Yes            No
If yes, please provide details:	
Has the vehicle been recovered:	Tick one:            Yes            No            Already Recovered
If yes, when did this happen:	

### SECTION 8 - ADDITIONAL DETAILS

#### Additional Details:

Please note below or attach any further details you wish to share.

#### CLAIMS AND UNDERWRITING EXCHANGE

Insurers pass information to the Claims and Underwriting Exchange register, operated by Insurance Database Services Limited and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help them check information provided and to prevent fraudulent claims. A list of participants is available on request from your insurer. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

### DECLARATION

- I/we declare that all answers are true and complete to the best of my/our knowledge and belief.
- I/we understand that if any claim in any respect is fraudulent including inflation or exaggeration of the claim, this could result in any benefit under the policy being forfeited and may invalidate policy cover.
- I/we understand that insurers may seek information from other insurers to check answers that I/we have provided.

Please tick to confirm that you have read and accepted the above

Signature:	
Position in company:	
Date:	

**REMINDER: PLEASE REMEMBER TO SAVE YOUR COMPLETED FORM TO YOUR DEVICE. YOU'LL NEED TO UPLOAD THE SAVED FILE ON THE NEXT STEP.**