Motor Claim Form	
Policy Number	First Name
·	
Surname	Address
Postcode	Phone Number
Email Address	Occupation
Littuii / Nadi C33	Secupation
VAT Registered?	Type of Vehicle – Make & Model too
3	,,
Vehicle CC	Year of Manufacture
Registration Number	Milage
Colour	Is the vehicle owned leased or leaned? If yes
Colodi	Is the vehicle owned, leased or loaned? If yes, please give details.
	piedse give details.
No of passengers including driver?	Any injuries to driver or passengers?

Full Name	Address
Postcode	Date of Birth
Is the driver employed by you? Yes/No	Was the driver authorised? Yes/No
Purpose of journey?	Any conviction for motor offences? If so please
	state details and dates.
Any charges pending? Yes/No	What occupation is the driver in?
, , ,	·
Type of licence?	Years held
Age of driver?	Date of accident?
Time of accident	Location

Description of road	Weather conditions
Speed Limit	Speed of your vehicle before impact?
Speed of your vehicle at the moment of impact?	What lights were showing?
Was any warning given?	What was the vehicle being used for?
Description of damage	Approximate cost of repair
Where can it be inspected?	Is the vehicle still in use? Yes/No
Do you want to use an Insurer Approved Repairer? Yes/No	Full Name
Address	Postcode

Phone number	Registration number
Make & Model	Insurer name
Insurers address	Policy/Certificate Number
Apparent Damage	
No of Passengers Including Driver?	Any Injuries to Driver or Passengers?
Property Damaged/Injured Persons (If passengers,	
Full name	Address
Postcode	Description of Property
Extent of Damage	

Injured Persons State name and address (whether driver, pedestrian) details of injury, medical attention needed, name of		
hospital etc.		
Witness 1 – Name		
MAIGUE22 T — INGUITE		
Witness 1 – Address	Witness 1 - Phone	
M/throng 2 Nove		
Witness 2- Name		
Witness 2 - Address	Witness 2 – Phone	
Witness 3 – Name		
vviuless 5 – Name		
Witness 3 - Address	Witness 3 - Phone	
Were the police informed? Yes/No	Did they attend? Yes/No	
, ,	·	

Are proceedings pending? If so against whom?	Name and Number of Officer
Station Address	Additional information (Please provide a description of the accident circumstances)
Please attach any further information (including diagrams)	