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Motor Insurance Claim Form

IMPORTANT NOTE:

Following the Ministry of Justice Reforms which came into force on 30th April, 2010 it is very important that you notify any claims involving a third party injury immediately. Insurers have just 15 days to reach a decision on liability and it is therefore vital that they have all the facts as soon as possible particularly if you feel you were not to blame for the accident.

GIBBS DENLEY CLAIMS REF NO:

Section 1: Your Details *(complete in all circumstances)*

Name:

«NAMETS»

Address:

«ADDRESS1»

«ADDRESS2»

«ADDRESS3»

«ADDRESS4»

Post Code:

«PCODE»

Is Company VAT registered:

Yes / No

Business/Occupation:

Telephone No:

«WORKPHONE»

Email address:

Insurer:

«INSR»

Policy Number:

«POLICYNO»

Section 2: Driver or Last Person in Charge of the Vehicle *(complete in all circumstances)*

Full Name:

Address:

Post Code:

Date of Birth:

Occupation:

Employer and please state how long employed:

Has the person had any motoring convictions in the last five years? *(if yes please advise date of offence, date of conviction, conviction code, penalty points and the amount of the fine imposed)*

State Type of Driving Licence *(i.e. Full or Provisional)*, Date test passed and Driving Licence Number:

Is the driver the main user of the vehicle? *(if no please give name, age, address and occupation)*:

What was the purpose of the journey?

Section 3: Vehicle Details *(complete in all circumstances)*

Make/Model:	cc:
Reg No:	Value:
No of Seats	Mileage:
Date of purchase	Year of Manufacture:
G.V.W.	Carr capacity:

Has the vehicle been modified in any way from the manufacturers original specification?

Is the vehicle subject to an HP Agreement or a Leasing Contract?

Are you the owner of the vehicle?

Section 4: Details of Vehicle Damage *(only complete if your vehicle has been damaged)*

Describe the damage to your vehicle:

Do you wish to make a claim for repairs under this policy, or is this for info only?

Please select:	CLAIM	INFORMATION ONLY
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Is the vehicle mobile/still in use? Also state where the vehicle is:

If you have a qualifying policy do you require a “free” hire car?

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May the vehicle be moved to a garage of the insurers choice?

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Have you instructed a garage to commence repairs?

Section 5: Theft or Attempted Theft

Was the vehicle left unattended and under what circumstances:

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Were the ignition keys removed?

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Were the doors/ boot locked?

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Were any security devices in operation?

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Was the vehicle in a garage at the time of the incident?

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Were any personal effects stolen from the vehicle?

Section 6: Incident Details *(complete in all circumstances)*

Date and time of incident:

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Where exactly did the incident occur?

Was the incident reported to the Police Station? *(if yes please advise address of Police Station, Police Officer's name and number and incident reference number)*

Note: It is a condition of insurance policies that all Theft or Malicious Damage losses are reported to the Police

Has any person been advised that they may be prosecuted as a result of the incident?

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Who do you consider was to blame for the incident?

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Section 8: Injured Persons

Name:	Address:	Injuries Sustained	Seatbelt Worn?	If a passenger in which vehicle

Section 9: Witnesses to the Incident

Name:	Address:	If a passenger in which vehicle

Section 10: Declaration

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from the insurer any information within my/our knowledge connected with this claim. I/We agree to provide the insurers with any further information or documentation as may be reasonably required. I/We understand that there is no admission of liability by the use of this form.

I/We understand that the insurers may seek information from other insurers to check the answers I/we have provided. I/We confirm that I/we have no objection to the insurers obtaining any information they require from the DVLA in connection with my/our driving licence.

Signature of Driver	Date
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Signature of Policyholder	Date
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Information Share:

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange register operated by Insurance Database Services Ltd and the Motor Insurance Anti-Fraud and Theft Register operated by the Association of British Insurers. The information you supply together with the information supplied on your application form and any other information relating to the claim may be provided to the participants of the scheme.