Anderson Ashcroft
Excellence in Insurance

MOTOR CLAIM FORM

PLEASE ANSWER EVERY QUESTION AND COMPLETE IN BLACK INK

Policy Number	

NAME OF INSURED/POLICYHOLDER (not Driver – for driver details, see below)

Name					
Address					
Postcode		Tel No		Email/ Fax No	
Occupation/Business					
VAT Registered/Status	YES/NO				

VEHICLE

Type					
Make and Model		Vehicle cc		Year of Manufacture	
Registration Number		Mileage		Colour	
Is vehicle owned/leased/loaned If yes - Details					
No of Passengers, inc driver					
Any injuries to driver/passengers					

DRIVER DETAILS

Title		Forename		Surname	
House Number		Street Name			
Town				City	
County				Postcode	
Telephone Numbers				Date of Birth	
Is the driver employed by you				Was the driver authorised	
Purpose of Journey					
Any Convictions for motoring offences. If so state details and dates				Any charges pending	
What occupation is the Driver in					
Type of Licence (Code and Description)		Years Held		Age of Driver	

ACCIDENT

Date		Time	
Location			
Description of road ie trunk, class I, II, III, unclassified, footpath etc			
Weather Conditions		Speed Limit	
Speed of your vehicle before accident		Speed of your vehicle at moment of impact	
What lights were showing		Was any warning given	
What was the vehicle being used for			

OWN DAMAGE

Description of Damage	
Approximate cost of repair	(Please attach estimate where applicable)
Where can it be inspected	
Is the vehicle still in use	
Do you want to use an Insurer Approved Repairer	

OTHER VEHICLES INVOLVED

Name and Address of Owner (including postcode)					
Title		Forename		Surname	
House Number		Street Name			
Town				City	
County				Postcode	
Telephone Numbers					
Registration Number				Make & Model	
Insurer's Name				Insurer's Address	
Policy/Certificate Number					
Apparent Damage					
No of passengers inc driver					
Any injuries to driver/passengers					

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PROPERTY DAMAGED/INJURED PERSONS (IF PASSENGERS, PLEASE STATE IN WHICH VEHICLE)

Title		Initial		Surname	
House Number		Street Name			
Town				City	
County				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					

WITNESSES Please state whether independent or passengers in your vehicle

Name	
Address	
Phone Number	
Name	
Address	
Phone Number	
Name	
Address	
Phone Number	

POLICE

Were the police informed		Did they attend		Are proceedings pending	
If so against whom		Give name and number of officer			
Give address of station					

Additional Information	
Please provide a description of the accident circumstances including a diagram (please use separate sheet if necessary)	

I declare that all answers are true and correct			
Signature		Date	
Designation			