

# Motor Accident Claim Form

This form should be completed as fully as possible in BLOCK CAPITALS and returned immediately to your Broker with supporting documents.

## Insurance Broker Details

Name & Address

Postcode

Tel no.

Contact name

Email

## Policyholder Details

Policy No.

Policyholder Name

Date of Birth

Occupation(s)

Address

Postcode

Tel no.

Mobile

## Accidental Damage To Your Vehicle

Vehicle / Trailer Make

Model

Registration No. / Chassis No.

Year of manufacture

Value (£)

Mileage of the vehicle/  
Hours worked

Name of Registered Keeper displayed on the V5 Documents

Name of any finance or Leasing Co.

If claiming in respect of damage to a Trailer/Attachment please advise whether at the time of the incident the item was attached or detached and out of use.

Attached

Detached

If attached, please confirm the registration of the vehicle it was attached to.

Details of any factory fitted or after market enhancements

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## Driver Details

Driver Name

Address

Date UK driving test passed

Categories entitled to drive

Tel no.

Postcode

Date of birth

Details of accidents in the last 3 years

Is this driver the main user of the vehicle?

Yes

No

Details of all motoring convictions

Was vehicle being driven with insured's permission?

Yes

No

Was the driver an employee of the insured?

Yes

No

Purpose of journey?

## Accident Details

Please provide a full description/details of the damage to your vehicle

Is the vehicle drivable?

Yes

No

Is this an ingestion claim? (Agricultural Vehicles/Attachments only)

Yes

No

If yes, were protection devices (e.g. slip clutch, shear bolt) in operation?

Yes

No

Repairer name and address

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Email: \_\_\_\_\_ Tel No. \_\_\_\_\_

Where is the vehicle at present?

Is the vehicle incurring storage charges      Yes      No

**If claiming for the damage sustained to your vehicle please support this document with a copy of the repair estimate.**

Please provide full details of the accident including a sketch plan indication direction of travel, position of vehicles, width of road, road signs or warnings (use a spare sheet of paper if necessary)

|   |      |             |  |
|---|------|-------------|--|
| Date  | Time | Location    |  |
| <b>Please state:</b>  |      |             |  |
| Weather conditions  |      | Speed limit | Speed of vehicle at the time of the accident |
| If an agricultural vehicle, was it being used for contracting purposes? |      | Yes         | No   |
| What was the nature of the trip?  |      |             |  |
| Did the police attend?  | Yes  | No          | Accident No.                                 |
| Police Station address and attending officer details                    |      |             |  |

## Third party motor claim - Details of other persons involved

|   |               |             |
|---|---------------|-------------|
| Name of Third Party   | Tel no.       | Mobile      |
| Address   |               | Postcode    |
| Insurers name   | Address       |             |
| Policy number   | Cover details |             |
| Make  | Model         | Reg no.     |
| Are you aware of the third party requiring a courtesy car/vehicle |               | Yes      No |

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Description of damage to the third party vehicle (Please continue on a separate sheet if necessary)

## Witness Details

### Witness 1

Name and address

Email

### Witness 2

Name and address

Email

Who do you consider to be at fault for this incident & why?

## Details of injured persons

Please give name

Age

Address

Gender

Male

Female

Vehicle Registration (or details of vehicle, if not known)

Details of injury (Please continue on a separate sheet if necessary)

# Motor Accident Claim Form

## Value Added Tax (Legal/Professional Representation)

|  |     |    |
|--|-----|----|
| Are you VAT registered?                  | Yes | No |
| Can you recover 100% VAT for this claim? | Yes | No |
| If not, what percentage can you recover? |     | %  |

### Please read these notes carefully and complete the questions as appropriate

- It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax.
- These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

## DECLARATION

**I/We** understand that in handling this claim, BIBU (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

**You must read the declaration before signing.**

Signed

Date

If you are not the insured person, please state your relationship to them