

SECTION 1 – PLEASE COMPLETE SECTION 1 IN ALL CASES**Insured**

Surname

Forenames

Address

Postcode

Previous Address *(if you have lived at your present address for less than 3 years)*

Postcode

Daytime Telephone No.

Broker/Agent

Policy/Certificate No.

Business/Occupation

Are you VAT registered?

Yes* No

* If 'Yes', are you able to recover VAT on new vehicles?

Yes No

DATE AND TIME OF INCIDENT

/ /

AM/PM

Payment Details*Our preferred method of settlement is Electronic Fund Transfer which allows any payment to be transferred directly into your account. Please supply us with the following details of your bank account*

Bank Account Name

Bank Branch Sort Code

Bank Account No.

Vehicle

Make and Model

cc

Year of Manufacture

Registration No.

Any modification from standard?

Yes

No

If 'Yes', please give details

Who is the owner?

In whose name is the vehicle registered?

Who is the main user of the vehicle?

Is the vehicle left in the open overnight?

Yes

No

Do you or your spouse own or have private use of any other vehicle?

Yes

No

For what purpose was the vehicle being used at the time of the accident? *(Personal or private is not sufficient.)*

Were goods or samples being carried?

Yes

No

If 'Yes', please give details

Is the vehicle subject to (a) Hire Purchase or (b) Leasing agreement?

(a)

(b)

If you have ticked (a) or (b), please state the name, address and agreement number

Driver Last in Charge of Vehicle*This box must be completed, even if the driver is the policyholder, and the vehicle was parked or stolen*

Name

Date of Birth

/ /

Address

Occupation

Daytime Telephone No.

Is the licence (a) Full or (b) Provisional? (a)

(b)

If Full, when issued?

/ /

Date driving test passed

/ /

No. of the current Driving Licence

State classes of H.G.V. covered by the Driving Licence

If being used by someone other than the Insured, had the user obtained the Insured's consent?

Yes

No

Does the driver have any disability, physical defect or infirmity?

Yes

No

If 'Yes', please give details

Does the driver have any convictions or impending prosecutions for motoring offences?

Yes

No

If 'Yes', please give dates and details

Heavy Goods Vehicles Only

Type of vehicle

Class of vehicle

Carrying capacity

SECTION 2 – PLEASE COMPLETE SECTION 2 IN CASES OF ACCIDENT

Accident Details

Please state the name of the street and town where the accident happened

At what speed was your vehicle travelling when the accident happened?

What were the weather conditions (e.g. dry, raining)?

Which lights on your vehicle were lit?

Do you think your driver was responsible for the accident?

Yes No

If 'No', who was? (name and address)

SECTION 3 – PLEASE COMPLETE SECTION 3 IN CASES OF THEFT OR ATTEMPTED THEFT

Theft Details

Where did it happen?

What protections were fitted to the vehicle?

Were they in use when the theft occurred?

Yes No

Where were the vehicle keys at the time of the theft?

Were there any personal effects stolen?

Yes No

If Yes, please give details

SECTION 4 – PLEASE COMPLETE SECTION 4 IN ALL CASES

Damage to the Insured vehicle

Please describe in detail the damage to your vehicle

Is the vehicle immobile?

Yes No

If 'Yes', where is it located?

If mobile and you are claiming for repairs, please supply two garage estimates (these are not required if you are using one of our Checkpoint Approved Repairers)

Details of other vehicles involved

Name, address and telephone no. of owner	Name and address of driver if different	Vehicle make and registration number	Name, address and policy number of insurers	Nature of the damage (If none, write 'NONE')
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Damage to other property

If there was any damage to other property other than vehicles please give details

Please give details of property damaged	Name, address and telephone no. of the owner	Name, address and policy number of the insurers
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Injuries

If anyone was injured please give details

Name and address of the injured party	Name of the Hospital if the person was detained	Nature of injuries
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SECTION 5 – PLEASE COMPLETE SECTION 5 IN ALL CASES

Briefly describe the incident (with diagrams if relevant)

Please draw sketches below showing (i) the direction of the vehicles, with arrows, (ii) the point of impact with a cross, (iii) any marks on the road, (iv) any measurements, and (v) any traffic signs.

Before the accident

After the accident

Police and Witnesses

Have the Police (a) Taken particulars? or (b) Taken a signed driver's statement? (please relevant box) (a) (b)
If the Police were involved, please state the Police Station address and their reference number

Please give the names, addresses and telephone numbers of any witnesses below:

(i) Passengers in your vehicle

(ii) Others

Declaration

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief.
I authorise you to deal with this claim within the terms of my/our policy and admit liability on my/our behalf if appropriate.

I/We understand that you may seek information from other insurers to check the answers I/we have provided.

Driver's Signature

Insured's Signature

Date

Date



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