

Claim Form

HCC CLAIMS SERVICES LTD



Please return completed claim for to: HCC Claims Services Ltd, P.O. Box 201, Bridgend, CF31 9BX
Tel: 01656 868000 Fax: 01656 868001 E-mail: admin@hccsl.com Website: www.hccual.com

Fleet Name

Fleet Address

Policy Number

Contact Details

Contact Name

Telephone Number

Fax Number

Is the Company VAT Registered?

Yes

No

Incident Details

Date of Incident

Day

/

Month

/

Year

Time of Incident

Hours (24 hrs)

Mins

Incident Location (Town)

Street

Post code

Location (Country)

Incident Type

Accident

Theft - Unrecovered

Theft - Vehicle Damaged

Windscreen Damage

Vandalism

Other Please specify

Have the Police been notified?

Yes

No

Police (Crime) Reference

Police Station Address

Vehicle & Damage Details

Vehicle Make

Model

Registration Number

Is the vehicle damaged?

Yes

No

Are you claiming for own damage? Yes

No

Is the vehicle in use?

Yes

No

Total Loss?

Yes

No

Where is the vehicle now?

If not a total loss, do you wish to use:

Approved repairer network

Repairer of your own choice

Name and address of own repairer

Estimate cost of repair

Pre-incident vehicle value



Driver Details

Driver Title	Forename	Surname				
Address						
Postcode	Date of Birth	Day / Month / Year				
What type of licence do you hold?	Full	Provisional	EU	HGV	PSV	
How long have you held your licence?	Years / Months	Primary Contact Number				
2nd Contact Number	E-mail					
Convictions	Yes	No	Conviction Details	Code	Date	Penalty

NB: If the driver has more than 1 current conviction, please input data as above on a separate cover

Passenger Details

How many passengers were in your vehicle?

How many passengers were in the third party vehicle?

Witness Details

Title	Forename	Surname
Contact Number	E-mail	
Address		
Postcode		
Location of the witness at the time of the accident		

NB: If there was more than 1 witness, please input data as above on a separate cover

Third Party - A

Third Party Title	Forename	Surname			
Address	Postcode				
Primary Contact Number	2nd Contact Number				
E-mail	Vehicle/Property type	Vehicle	Building	Pedestrian	Other
Make	Model	Reg. No.			
Name of Third Party Insurance Company					
Third Party Policy Number					



Third Party - B

Third Party Title Forename Surname

Address Postcode

Primary Contact Number 2nd Contact Number

E-mail Vehicle/Property type Vehicle Building Pedestrian Other

Make Model Reg. No.

If motor vehicles, was it driven from the scene? Yes No

Name of Third Party Insurance Company

Third Party Policy Number

NB: If more than 2 Third Parties involved please input data as above on a separate cover

Injuries

Injured person 1 Name

Address

Injury type and severity

Injured person 2 Name

Address

Injury type and severity

NB: If more than 2 Third Parties involved please input data as above on a separate cover

Broker Details

Name of Broker

Telephone Number

Do you have any legal expense cover? Yes No

If YES, via

Broker Insurer Other - Please advise



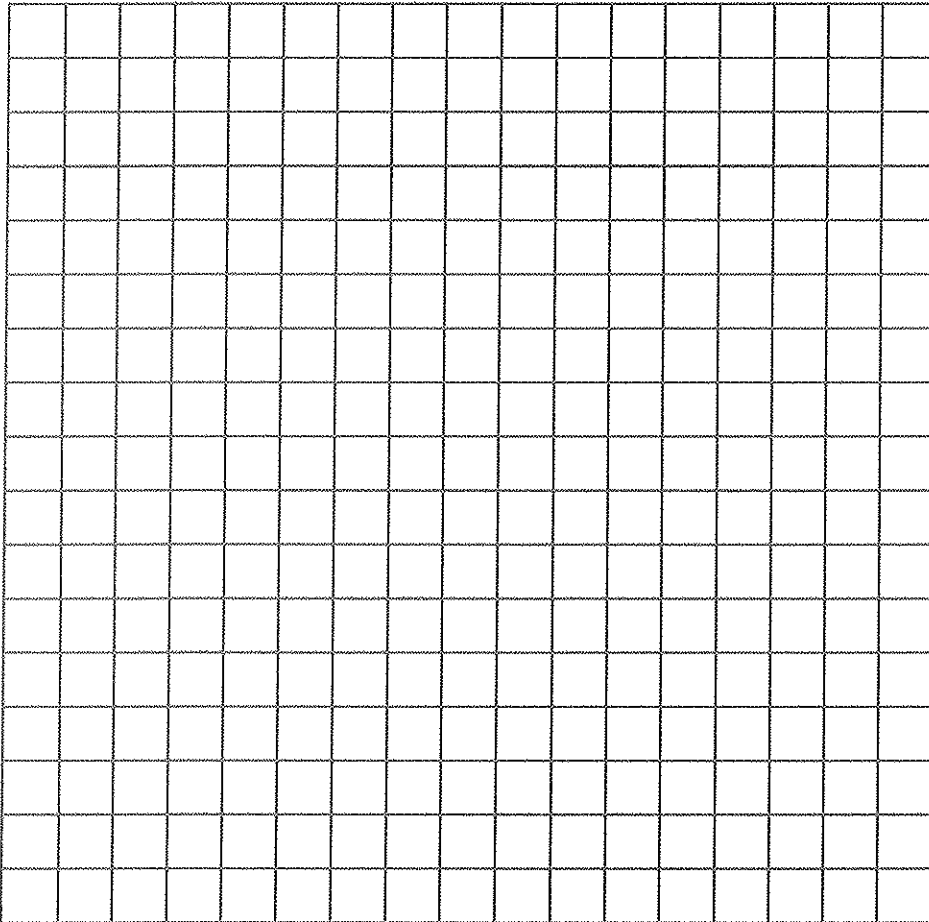
Incident Description

Description of Events

Who is considered at fault? Own Third Party Shared N/A

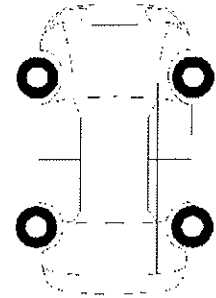
If applicable and in order for us to save costs, do we have permission to actively deal with third party damages on your behalf? Yes No

Diagram

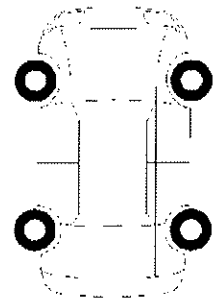


Area of Damage

Please indicate on diagram area of damage and direction of impact.



Own vehicle



Third party

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDSL Ltd), the Hunter database run by MCL Ltd. and the Motor Insurance Anti-Fraud Register run by the Association of British Insurers (ABI). The aim is to help us check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as accident or theft) which may give rise to a claim. When you tell us about an incident we will pass information relating to it, to the registers.

I/We understand that you may ask for information for other insurers to check the answers I/We have provided.

I/We declare that the information given in this form is true and correct to the best of my/our knowledge, information and belief.

Signed

Date