



Claim Form

Please return completed claim form to: Illium Claims Services Ltd, P O Box 201, Bridgend, CF31 9BX.
Tel: 01656 868000 Fax: 01656 868001 E-mail: admin@illiumclaims.com

Fleet Name

Fleet Address

Policy Number

Banking Details

ICSL favours direct payment by BACS please input the Fleet banking details to enable this (where appropriate)

Account Number Sort Code

Bank Name and Branch

Is the Company VAT registered? Yes No

Incident Details

Date of Incident Time of incident
Date Month Year Hours (24hrs) 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 Detail

Driver Title Forename Surname
 Address
 Postcode Date of birth
date month year
 What type of licence do you hold? Full Provisional EU HGV PSV
 How long have you held your licence Primary Contact Number
years months
 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 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 Post Code
 Location of the witness at the time of the accident

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

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

Third Party - B

Third Party Title Forename Surname

Address Post Code

Primary Contact Number 2nd Contact Number

E-mail Vehicle/Property type Vehicle Building Pedestrian Other

Make Model Reg No.

If motor vehicle, 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 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 injuries sustained please input data as above on separate cover

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 from 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