



Write to: **garagecover** • 17-21 Dicconson Street • Wigan • WN1 1RG
 Visit our website: www.garagecover.co.uk • Email us: info@garagecover.co.uk
 Call us on: 0845 224 6856

Policy Number:

Claim Number:

MOTOR ACCIDENT CLAIM FORM

PLEASE FORWARD AT ONCE ANY CORRESPONDENCE YOU MAY RECEIVE FROM A THIRD PARTY, THE POLICE, A HOSPITAL, A SOLICITOR ETC. PLEASE ENSURE THAT ALL PERSONAL EFFECTS ARE REMOVED FROM THE VEHICLE.

INSURED

Business Name:		Cover Type:	
		Business Telephone:	
Address:		V.A.T Registered?	

DRIVER (please complete even if the Owner was driving or the vehicle was unattended)

Name and address of the person in charge of the vehicle for the purpose of driving:		Contact No:	
		Occupation:	
Age:		Date of Birth:	
Driving Licence UK/Intnl:		Full/Provis.:	
		Date Test Passed:	
Any disabilities?			
Details of any previous driving offences/fixed penalties:			
Details of any previous accidents or thefts:			
Vehicle being used with your knowledge & consent? YES/NO			

VEHICLE

Make & Model:		Colour:		Cubic Capacity:	
Mileage:		Estimated Present Value:		Registration:	
What was the purpose of the journey ('Private' is not sufficient)?					
Details of any alterations or modifications:					
If you are not the owner of this vehicle, who is the owner?					
Details of owner's insurance:					
Name & Address of Hire Purchase Co. (if any):		H.P. Agreement number:			
		Approx. Amount outstanding:			



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ACCIDENT

Date: Time: Location:

Speed of your vehicle before accident: at impact:

Condition of road:

Speed of other vehicle before accident: at impact:

Was the horn sounded? YES/NO

Lights displayed: your vehicle? YES/NO other vehicle: YES/NO

Road width: Speed limit:

Distance from near-side kerb: your vehicle: other vehicle:

Any road signs:

Were you to blame for the accident? YES/NO

Damage to Insured's vehicle:

Repairer Details:

Name & Address of Police Force:

DESCRIPTION OF ACCIDENT

Sketch Plan of scene <u>before</u> incident (please show road signs, markings etc):	Sketch Plan of scene <u>after</u> incident (same as before):



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DETAILS OF OTHER PARTIES INVOLVED

Name/Address of Owners/Driver	Registration	Insurers	Policy No.	Apparent Damage

PERSONS INJURED

Name/Address	Pedestrian/Driver/Passenger	Apparent Injury	Hospitalised?

WITNESS (ES)

Name/Address	Telephone	Age (if under 18)	Your Passenger (s) ?

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register operated by Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register operated by the Association of British Insurers. Lists of Participants are available on request. The information you supply on this form together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

I CONFIRM THAT THE FOREGOING PARTICULARS ARE TRUE AND CONFIRM THAT UNDERWRITERS MAY SETTLE THIS CLAIM AS THEY DEEM NECESSARY.

DATE

SIGNATURE OF INSURED OR AUTHORISED SIGNATORY.....