



Motor Claim Form

To help us deal with your claim as quickly as possible, please complete all relevant sections using **BLOCK CAPITALS**, tick the correct boxes and sign and date this form.

Section 1 – Please complete in all cases

Surname	<input type="text"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>	Previous address (if you lived at your present address for less than 3 years)	<input type="text"/>
Telephone number	<input type="text"/>	E-mail	<input type="text"/>
Policy Number	<input type="text"/>	Occupation/Business	<input type="text"/>
Are you VAT registered?	<input type="text"/>	If Yes, are can recover VAT on new vehicles?	<input type="text"/>
Date and time of incident	<input type="text"/>		

Vehicle Details

Make and model	<input type="text"/>	CC (Engine size)	<input type="text"/>
Registration number	<input type="text"/>	Year of manufacture	<input type="text"/>
Any modification from standard?	<input type="text"/>		
If Yes, please give details	<input type="text"/>		
Who is the owner?	<input type="text"/>		
In whose name is the vehicle registered?	<input type="text"/>		
Who is the main user of the vehicle?	<input type="text"/>		
Is the vehicle left in the open overnight?	<input type="text"/>		
For what purpose was the vehicle being used at the time of the incident? (personal or private is not sufficient)	<input type="text"/>		
Were goods or samples being carried?	<input type="text"/>		
If yes, please give details	<input type="text"/>		
Is the vehicle subject to (a) Hire purchase or (b) leasing agreement?	(a) <input type="text"/>	(b) <input type="text"/>	
If you have answered yes to (a) or (b), please state the name, address and agreement number	<input type="text"/>		

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	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Daytime telephone no.	<input type="text"/>
		Occupation	<input type="text"/>
Is the licence full or provisional?	<input type="text"/>	If full, when issued?	<input type="text"/>
Date driving test passed	<input type="text"/>	Driving licence number	<input type="text"/>
State classes of HGV covered by the licence <input type="text"/>			
If being used by someone other than the Insured, had the user obtained the Insured's consent? <input type="text"/>			
Does the driver have any disability, physical defect or infirmity? <input type="text"/>			
If yes, please give details <input type="text"/>			
Does the driver have any convictions or impending prosecutions for motoring offences? <input type="text"/>			
If Yes, please give dates and details			
<input type="text"/>			

Heavy Goods Vehicles Only

Type of vehicle	<input type="text"/>		
Class of vehicle	<input type="text"/>	Carrying capacity	<input type="text"/>

Section 2 – Please complete in cases of accident

Please state the name of the street and the town where the accident happened	<input type="text"/>
At what speed was your vehicle travelling when the accident happened?	<input type="text"/>
What were the weather conditions (e.g. dry, raining)	<input type="text"/>
Which lights on your vehicle were lit?	<input type="text"/>
Do you think your driver was responsible for the accident?	<input type="text"/>
If no, who was? (name and address)	<input type="text"/>

Section 3 – Please complete in cases of theft or attempted theft

Where did it happen?	<input type="text"/>
What protections were fitted to the vehicle?	<input type="text"/>
Were they in use when the theft occurred?	<input type="text"/>
Where were the vehicle keys at the time of the theft?	<input type="text"/>
Were there any personal effects stolen?	<input type="text"/>
If yes, please give details	<input type="text"/>

Section 4 – Please complete in all cases

<u>Damage to the Insured vehicle</u>	
Please describe in detail the damage to your vehicle	
<input type="text"/>	
Is the vehicle immobile?	<input type="text"/>
If yes, where is it located?	<input type="text"/>
If mobile and you are claiming for repairs, please supply 2 garage estimates (these are not required if you are using one of our Checkpoint Approved Repairers)	
<u>Details of other vehicles involved</u>	
Name, address and telephone no. of owner	<input type="text"/>
Name and address of driver if different	<input type="text"/>
Vehicle make and registration number	<input type="text"/>
Name, address and policy number of insurers	<input type="text"/>
Nature of the damage (if none, write 'NONE')	
<input type="text"/>	
<u>Damage to other party</u> (if these was any damage to other property other than vehicles please give details)	
Please give details of property damaged	<input type="text"/>
Name, address and telephone no. of owner	<input type="text"/>
Name, address and policy number of insurer	<input type="text"/>
<u>Injuries</u> (if anyone was injured please give details)	
Name and address of injured party	<input type="text"/>
Name of hospital if the person was detained	<input type="text"/>
Nature of injuries	<input type="text"/>

Section 5 – Please complete in all cases

Briefly describe the incident	
<input type="text"/>	
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 Incident	After the incident
<input type="text"/>	<input type="text"/>

Police and Witnesses

Have the Police (a) taken particulars? Or (b) taken a signed driver's statement? (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 and belief. I/We 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.

I confirm I authorise Towergate MIA to handle my claim on behalf of the insurers.

Drivers Signature

Insured's Signature

Date

Date

Towergate MIA, Kings Court, London Road, Stevenage SG1 2GA
Tel: 01438 739739 Fax: 01438 747465

Part Towergate Underwriting Group Limited
Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent. ME14 3EN
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