clubauto

MOTOR VEHICLE CLAIM FORM

TO BE USED FOR OTHER THAN STOLEN OR BURNT OUT

CLAIM / CUSTOMER REF.

OFFICE

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED. THE DRIVER DETAILS SHOULD BE COMPLETED BY THE ACTUAL DRIVER OF THE VEHICLE IF THE DRIVER IS DIFFERENT FROM THE INSURED.

IMPORTANT

Please read before completing this form.

Many of the fraudulent claims we receive are made as Motor Vehicle claims.

This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined.

We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down.

Thank you for your co-operation.

INSURED'S FULLNAME(S)
Mr/Mrs/Miss/Ms

DATE(S)OFBIRTH

TELEPHONE DAY NIGHT

POSTAL ADDRESS

POSTCODE

INTERESTED PARTY
(BANK, FINANCE COMPANY ETC.)

POSTAL ADDRESS

POSTCODE

INSURED VEHICLE

YEAR	MAKE AND MODEL	REG. NO.	V.I.N NO.

Is the warrant of fitness current? Please ☑ appropriate box ☐ YES ☐ NO If NO, why? .....

Is there any other insurance on this vehicle ☐ YES ☐ NO If YES, with whom? .....

Has the vehicle been modified in any way? ☐ YES ☐ NO If YES, give details .....

THE DRIVER OR PERSON IN CHARGE OF THE VEHICLE

Full Name (Mr/Mrs/Miss/Ms) .....

Address .....

Occupation ..... Phone: (Day) ..... (Night) .....

Date of Birth ...../...../..... Licence No. ..... Date of Issue ...../...../.....

Type of licence at time of accident: FULL ☐ RESTRICTED ☐ LEARNERS ☐

1. Was the driver the: OWNER ☐ EMPLOYEE ☐ FAMILY MEMBER ☐ IF OTHER ☐ SPECIFY WHOM .....

For questions 2-6, where ☑ YES please supply details:

2. Was the vehicle being driven without the owner's knowledge and consent? ☐ YES ☐ NO .....

3. Had the driver taken any medication in the 24 hours prior to the accident? ☐ YES ☐ NO .....

4. Had alcohol and/or drugs been consumed by the driver in the 24 hours prior to the accident? ☐ YES ☐ NO .....

5. Was a breathalyser, or blood test, or other test required? ☐ YES ☐ NO .....

6. In the last five years has the driver:

a) Had any insurance cancelled or refused? ☐ YES ☐ NO .....

b) Had a driving licence endorsed, suspended or ?cancelled? ☐ YES ☐ NO .....

c) Committed, been charged with or convicted of any criminal or traffic offence (other than parking)? ☐ YES ☐ NO .....

d) Been convicted of driving while under the influence of drugs or alcohol? ☐ YES ☐ NO .....

e) Had any previous accidents or made a claim on a motor vehicle insurance policy? ☐ YES ☐ NO .....

Insurance Company .....

DAMAGE TO VEHICLES INVOLVED IN ACCIDENT

A) INSURED VEHICLE

Mark with an "X" all areas damaged on **your** vehicle in the accident

Describe the damage to the vehicle (e.g. bumper and right rear panel) .....

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Is the vehicle driveable? .....

Amount of estimate for repairs (attach quote if possible) .....

Where and when can it be inspected? .....

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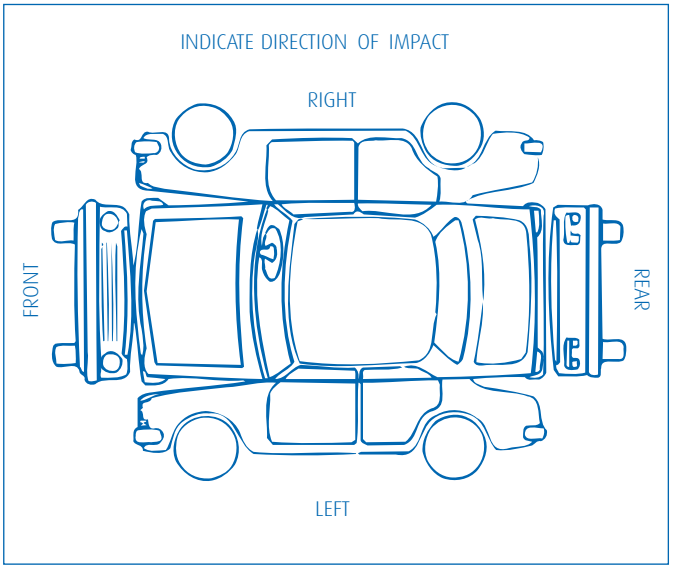

B) OTHER VEHICLES INVOLVED IN ACCIDENT

Owner's name .....

Address .....

..... Phone: .....

Make/Model ..... Reg. No. .....

Insurance Coy. .....

Third Party Driver's Name .....

Address .....

..... Phone: .....

Make/Model ..... Reg. No. .....

All written communications from any other party must be forwarded immediately to us.

POLICE DETAILS
Please read this carefully

Did the Police attend the scene? ☐ YES ☐ NO

If NO, have the Police been notified of the loss? ☐ YES ☐ NO

If YES, which Police Station w as the loss r eported to? .....

On which date? ...../...../..... **Police File/Event Number:** .....

Have the Police recovered any property? ☐ YES ☐ NO

N.B. Please attach the Police Form in all cases of theft or loss.

Has the loss been advertised in any newspapers? ☐ YES ☐ NO

If YES: Paper ..... Date ...../...../.....

Other action taken to recover property. .....

WHAT HAPPENED

Date of Accident:...../...../..... **Time of Accident:**..... a.m. p.m.

Were there any independent witnesses (not passengers in your vehicle)? ☐ YES ☐ NO If YES, please give details:

Witness 1 Name.....

Address.....Phone No.....

Witness 2 Name.....

Address.....Phone No.....

Were there any passengers aged 15 years or older in your vehicle at the time of the accident? ☐ YES ☐ NO If YES, please give details:

Passenger 1 Name.....

Address.....Phone No.....

Passenger 2 Name.....

Address.....Phone No.....

Exact location of accident (show street and town):.....

Where had you been and where were you going:.....

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What purpose was the vehicle being used for at the time of the accident? ☐ PRIVATE ☐ BUSINESS ☐ FARMING

If business, give details: .....

What weather conditions applied at the time of the accident ? ☐ FINE ☐ RAIN ☐ OVERCAST ☐ DUSK ☐ DARK ☐ DAYLIGHT

Give full and precise details as to how the accident occurred.

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Please provide a sketch diagram of the accident.
Please mark your vehicle as (A). Show road signs/markings.

What speed were you travelling prior to the accident?.....The other vehicle(s) speed?.....

Whom do you consider to be at fault? (give reason).....

Did either party admit liability? ☐ YES ☐ NO If YES, give details.....

Has anyone been charged with any offence in connection with the accident? ☐ YES ☐ NO If YES, give details (Who/Type of charge).....

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Did the accident cause any damage to property (i.e. fences, walls, posts, etc.) of others? ☐ YES ☐ NO If YES, provide their name, address, phone number and details.....

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Please give details of anything else you feel may be relevant to this accident.....

.....

Please turn over

DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

	Please Tick YES	NO
I/We declare that:		
• All the statements in this claim form and any additional schedules are correct.	☐	☐
• The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.	☐	☐
• I/We have told CLUBAUTO everything relevant to this claim.	☐	☐

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by CLUBAUTO and TOWER to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, CLUBAUTO or TOWER may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify CLUBAUTO or TOWER immediately and return the property to CLUBAUTO or will refund to CLUBAUTO or TOWER the value of the recovered items.

I/We authorise CLUBAUTO or TOWER to obtain or release personal information about me/us from any other party.

I/We authorise CLUBAUTO to obtain if required a copy of the police report from the Police relating to this claim.

Exceptions to this Declaration:

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Insured's Signature ..... Witness Signature .....

Date ...../...../..... Date ...../...../.....

Driver's Signature ..... Witness Signature .....

Date ...../...../..... Date ...../...../.....