



**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) OF BIRTH

TELEPHONE

DAY	NIGHT
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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**

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

A) INSURED VEHICLE

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

Is the vehicle driveable? .....

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

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

B) OTHER VEHICLES INVOLVED IN ACCIDENT

Owner's name.....

Address .....

Phone: .....

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

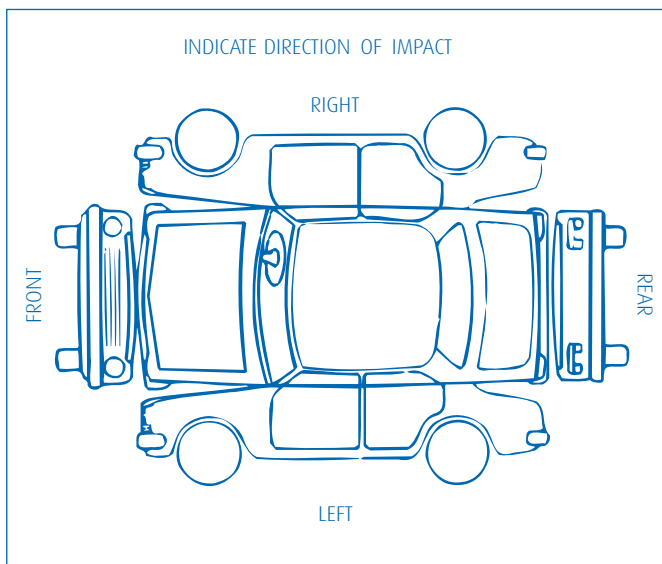
Insurance Coy. ....

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 was the loss reported 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. ....



# 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".

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.

Please Tick	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 ...../...../.....