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MOTOR VEHICLE ACCIDENT CLAIM FORM

When you complete the Claim Form, please write clearly in BLOCK CAPITALS and use ink. Please sign and date the Form.

Details of Policyholder	Claim No:
Name (Mr/Mrs/Miss/Ms)	
Occupation/Business Tel No: Home	
Business	

Vehicle Use

Make/Model	Colour	Registration No
Who is the owner of the vehicle?		
For what purpose was the vehicle being used?		

Particulars of Driver

Name (Mr/Mrs/Miss/Ms)	Date of Birth
Address	Date passed driving test
.....	Type of licence held – Full / Provisional / Heavy Goods*
.....	Permitted Groups
..... Postcode	*(Delete as appropriate)
How long licence held? (Years)	
Has the driver:	
(a) been convicted of any driving or motoring offence within the last 5 years or is any prosecution pending? YES / NO	
If 'Yes', please give full details including the date, offence code and penalty points	
.....	
.....	
(b) been involved in an accident during the last 5 years? YES / NO	
If 'Yes', please give details	
.....	
.....	

Details of Damage to the Policyholder's Vehicle:

Damage

.....

.....

.....

Is your vehicle still in use? YES / NO

Where may our engineer inspect the vehicle?

Are you registered for VAT? YES / NO What percentage can you recover? %

Give name and address of any independent witnesses

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Circumstances of Accident

Date Time am/pm Place – Street/Road

Town County Speed

Weather Conditions

Do you feel you (or the driver of your vehicle at the relevant time) was responsible for the accident? YES / NO / Partially

If 'Yes' do we have your permission to deal with the third party claim? YES / NO

Did the Police attend? YES / NO

If 'Yes' give the officer's name, number and station

Name No Police Station

Have the Police issued a notice of intended prosecution or given a verbal warning or caution? YES / NO

If 'Yes' to whom and for what alleged offence?

Give details of what happened

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Particulars of Other Parties involved and Property Damaged

Name and Address of owners and, if appropriate, driver	Make/Model Reg No.	Insurer's Name, Address and Policy No.	Apparent Damage
.....			
.....			
..... Postcode			

Details of Persons Injured

Names and Addresses	Nature of Injury
1. Own passengers	
2. Others	
Were the passengers wearing seat belts? YES / NO	Were the passengers employed by you? YES / NO

Date Policyholder's Signature Driver's Signature

exceptional people delivering an exceptional insurance service



Oakes Insurance Consultants

Oakes House, Derby Road
Long Eaton, Nottingham NG10 1PD

www.oakesinsurance.co.uk

Motors & Residential

Tel: 01 15 973 3343

Business & Commercial

Tel: 01 15 973 7600

Fax: 01 15 946 2283