

MOTOR VEHICLE CLAIM FORM

1. POLICYHOLDER

Company Name	
Address	
Contact Name	
Contact Telephone Number	
VAT Status	Registered/Not Registered (delete as appropriate)

2. DRIVER OR PERSON LAST IN CHARGE OF VEHICLE (must be completed in full for all claims)

Name			
Address			
Occupation			
Was the driver using the vehicle with permission?			
Contact Number		Date of Birth	
Type of Licence & Licence Number		Date Test Passed	
Any Convictions or Impending Prosecutions for Motoring Offences in The Last 5 Years (if yes full details required)		Any Disabilities Or Medical Conditions Advised to The DVLA (if yes full details required)	

3. INSURED VEHICLE

Make & Model					
Registration No		Year of Make			
Owner/Registered Keeper		Vehicle Modifications			
Gross Vehicle Weight		Mileage		Colour	

Details of Damage			
Is Vehicle Drivable (if no what is the location)			

4. OTHER PARTY DETAILS

Make & Model			
Registration Number		Colour	
Insurance Company and Policy Number			
Driver's Name			
Address			
Contact Number		Number of Occupants	

5. DAMAGE TO OTHER VEHICLE/PROPERTY

Area of Damage		Estimated Cost of Damage	
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6. WITNESS TO ACCIDENT

Name		Contact No.	
Address			

7. ACCIDENT/THEFT DETAILS

Date		Time	
Location			
Use of Vehicle at Time of Accident	Private or Business		

8. GENERAL

Who Do You Consider Was at Fault and Why?	
Weather & Road Condition at The Time of The Accident?	
Did the Police Attend the Accident? If No, Was the Accident Reported to The Police? If Yes, Which Police Station? Incident Reference Number?	Yes/No

What Speed Were the Vehicles Doing at The Time Of the Accident?	Your vehicle mph Other vehicle.....mph

9. INJURY

Injured Person(s)		Contact Number	
Details of Injury			

10. DESCRIPTION OF ACCIDENT/THEFT (explain what happened and show details of damage on diagram)

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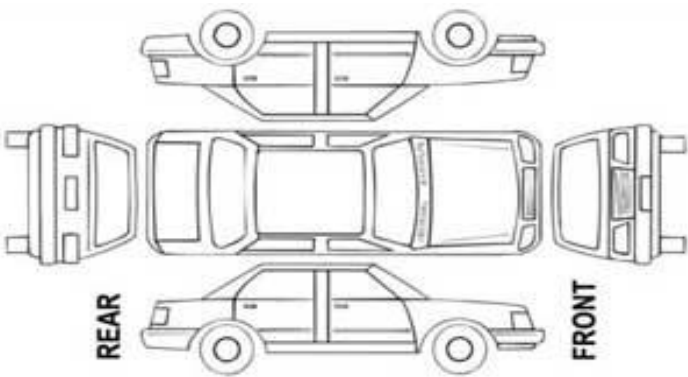


Diagram of Accident

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11. ADDITIONAL INFORMATION

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12. DATA PROTECTION ACT CONSENT

By signing this consent, I/we consent to D2 Corporate Solutions Ltd using the information they hold about me/ us including personal data in connection with this claim and in connection with insurers' provision to me/ us of insurance cover under the policy relevant to this claim or otherwise.

I/ we consent to the processing and transfer by Insurers and their agents of personal data and of sensitive personal data about me/ us where this is necessary (for example criminal convictions).

I/ we consent to the provision of details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. I/ we acknowledge that this information may be disclosed to agents and service providers appointed by D2 Corporate Solutions Ltd and or insurers.

I/ we confirm that where I/we provide sensitive personal information which relates to anyone other than me/ us, I/ we must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to D2 Corporate Solutions Ltd.

I /we understand that the information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 2018. I/we understand that I /we may apply for a copy of my/our information (for which I/ we may be charged a small fee) and to have any inaccuracies corrected.

Signature		Full Name (Block Capitals)	
Position in Company		Date	

13. DECLARATION

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief, I/we authorise the Company to make such admissions on my/our behalf as it deems appropriate and I/we agree to render the Company all assistance in the investigation of the Claim. I/we further agree to provide such assistance as may be necessary in pursuing recovery of any outlay. I/we confirm that I/we have not withheld any material information within my/our knowledge that may affect the granting of indemnity under my/our policy.

Signature		Full Name (Block Capitals)	
Position in Company		Date	