Please ensure the claim form is completed in full to prevent delays in settlement of your claim

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| **Policyholder details** | | | |
| Policyholder name: | | | |
| Daytime contact number: | | | |
| Policyholder address: | | | |
| Policy no: | | VAT registered: | |
| **Driver/Last person in charge details** | | | |
| Name: | | Date of birth: Click here to enter a date. | |
| Address: | | | |
| Driver’s occupation: | | | Daytime contact number: |
| Any current driving convictions in the last 5 years:  If ‘Yes’ please advise dates, offence and penalties: | | | |
| Any driving bans in the past 5 years: | | | |
| Any criminal convictions: | | | |
| Full UK Driving Licence: | Date passed driving test: Click here to enter a date. | | |
| Any disabilities: | | | |
| Has driver been involved in any accidents in the last five years:  If ‘Yes’, please state details: | | | |
| **Insured vehicle details** | | | |
| Vehicle reg: | Is the vehicle driveable: | | |
| Make, Model & Colour: | | | |
| Vehicle use: | | | |
| Were any passengers present: | | | |

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| Damage: | | |
| Location of vehicle: | | |
| Is your vehicle currently in storage: | | |
| Are you claiming for repairs:  If ‘Yes’, do you want to use your own repairers or your insurers approved repairers? Own repairers details (Estimates will be required if own repairers used): | | |
| Speed of vehicle at time of impact: | | |
| Does the policyholder own the vehicle?  If not owned, please state who owns the vehicle: | | |
| Is there any finance on the vehicle:  If ‘Yes’, please provide details: | | |
| Are there any modifications to the vehicle: | | |
| **Third party details** | | |
| Vehicle reg: | Make, Model & Colour: | |
| Vehicle damage: | | |
| How many passengers present: | | |
| Name, address and contact number: | | |
| Insurance and policy number: | | |
| **Police details** | | |
| Has incident been reported to the police:  If ‘Yes’, please provide crime ref:  Police station: | | |
| **Witness details** | | |
| Name: | | Contact number: |

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| Address: | | |
| Any injuries: | | |
| **Incident details** | | |
| Date and time: | Purpose of journey: | |
| Weather conditions: | | |
| Location: | | |
| Description of incident: | | |
| Is there any CCTV, dashcam footage or photos:  If ‘Yes’, please send them to [claims@hughjboswell.co.uk](mailto:claims@hughjboswell.co.uk). Due to the file size you may have to use a third party file transfer website, such as [www.wetransfer.com](http://www.wetransfer.com) and put your name, policy number or vehicle reg in the message. | | |
| Do you hold any other party responsible for the accident: | | |
| **Declaration** | | |
| Insert name: | | Date:Click here to enter a date. |
| Position: | | |