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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Policyholder details** | | | | | | | | | |
| Policy in the name of: | | | | | | | | | |
| Name of the contact for this claim: | | | | | | | | | |
| Phone number: | | | | Email address: | | | | | |
|  | | | | | | | | | |
| **Driver/Last person in charge of the vehicle** | | | | | | | | | |
| Name: | | | | Date of birth: Click here to enter a date. | | | | | |
| Address: | | | | | | | | | |
| Occupation: | | | | | | | | | |
| Phone number: | | | | | Email address: | | | | |
| Full UK Driving Licence: (Yes / No) | | | | | If ‘No’ please provide details. | | | | |
| Date Driving test passed: | | | | |  | | | | |
| Any disabilities: (Yes / No) | | | | | If ‘Yes’ please provide details: | | | | |
| Motoring convictions in the last 5 years: (Yes / No) | | | | | If ‘Yes’ please provide the following: | | | | |
| Conviction code | Date | | Penalty points | | | | Fine imposed | | Disqualified period |
| Any non-motoring convictions? | | | | | If ‘Yes’ please provide details: | | | | |
| Involved in any previous motoring accidents in the last 5 years: (Yes / No) | | | | | If ‘Yes’ please provide details: | | | | |
| Was the driver injured in the accident? | | | | | If yes, please provide details of the injury / medical treatment | | | | |
|  | | | | | | | | | |
| **Incident details** | | | | | | | | | |
| Date: Click here to enter a date. | | | | | Time: | | | | |
| Purpose of journey: | | | | | | | | | |
| Weather conditions at the time of accident: | | | | | | | | | |
| Location: | | | | | | Speed of vehicle (mph): | | | |
| Description of the incident: | | | | | | | | | |
| Was there a third party involved?  (Yes / No) | | | | | If a third party was involved, do you consider them responsible? (Yes / No) | | | | |
|  | | | | | | | | | |
| **Insured vehicle details** | | | | | | | | | |
| Vehicle registration: | | | | | | | | | |
| Make: | | Model: | | | | | | Colour: | |
| Is the vehicle driveable: (Yes / No) | | | | | | | | | |
| Current location of the vehicle: | | | | | | | | | |
| Is the vehicle currently incurring storage charges? (Yes / No) | | | | | | | | | |
| Do you wish to claim for your own repairs? (Yes / No) | | | | | If yes, please provide details of damage to your vehicle: | | | | |
| Will you be providing an estimate or would you like to use an approved repairer of the insurer? | | | | | | | | | |
| Does the policyholder own the vehicle? (Yes / No) | | | | | | | | | |
| Is there any outstanding finance on the vehicle? (Yes / No) | | | | | If yes, please provide details: | | | | |
| Are there any modifications on the vehicle? (Yes / No) | | | | | If yes, please provide details: | | | | |
|  | | | | | | | | | |
| **Passenger details** | | | | | | | | | |
| Number of passengers in vehicle at the time of the accident: | | | | | | | | | |
| Were any of your passengers injured? (Yes/No) | | | | | If yes, please provide details: | | | | |
|  | | | | | | | | | |
| **Third Party details (Additional space to provide details of other Third Parties has been provided at the end of the form)** | | | | | | | | | |
| Name: | | | | | | | | | |
| Phone: | | | | | Email: | | | | |
| Address: | | | | | | | | | |
| Insurance company: | | | | | Policy number: | | | | |
| Vehicle registration: | | | | | | | | | |
| Make: | | Model: | | | | | | Colour: | |
| Vehicle damage: | | | | | | | | | |
| Number of passengers in vehicle at the time of the accident: | | | | | | | | | |
| Were there any injuries within the Third Party vehicle? (Yes / No) | | | | | If yes, please provide details: | | | | |
|  | | | | | | | | | |
| **Police details** | | | | | | | | | |
| Was the incident reported to the police? (Yes / No) | | | | | | | | | |
| If yes please provide the following: | | | | | | | | | |
| Crime ref: | | Police station: | | | | | | Officer in attendance: | |
|  | | | | | | | | | |
| **Witness details** | | | | | | | | | |
| Were there any witnesses? (Yes / No) | | | | | | | | | |
| Witness name: | | | | | | | | | |
| Phone: | | Email: | | | | | | Address: | |
| (second) Witness name: | | | | | | | | | |
| Phone: | | Email: | | | | | | Address: | |
|  | | | | | | | | | |
| Is there any CCTV, dashcam footage or photos: (Yes / No)  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. | | | | | | | | | |
|  | | | | | | | | | |
| **Declaration** | | | | | | | | | |
| Name: | | | | | | Date:Click here to enter a date. | | | |
| Position: | | | | | | | | | |
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| Addition details: | | | | | | | | | |