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. 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: |
|  |
| Addition details: |