

Motor Accident Claim Form

Please return to:

Claims Department, COBRA Insurance Brokers Ltd
 Quadrant House, Croydon Road
 Caterham, Surrey, CR3 6TR

Please complete fully in **BLOCK CAPITALS**

T: 01883 346346 F: 01883 330222 E: claims@cobrainurance.co.uk

<u>1. INSURED</u>	
a. Name:	
b. Address:	
c. Telephone Number:	
d. Fax Number:	
e. Business/Occupation:	
f. Value Added Tax. Are you a registered person or company?	
g. Are there any other insurances in force upon the vehicle or the property stolen? If Yes, please provide details:	<p><u>Yes/No</u></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<u>2. DRIVER DETAILS</u>	
a. Name:	
b. Address – this should be the permanent address:	
c. Telephone Number:	
d. Age:	
e. Nationality:	
f. Occupation:	
g. Current Licence No:	
h. How long has the driver been employed by you?	
i. Date of first full UK driving licence:	
j. Is the driver the main user? If No state the proportion of use (%)	<u>Yes/No</u>
k. Does the driver own a motor vehicle? If Yes state the name of the Insurer and Policy Number	<u>Yes/No</u>
i. Did the driver receive your authorisation to drive the vehicle?	<u>Yes/No</u>
j. Has the driver:	
i. been involved in any accident or loss during the last three years?	<u>Yes/No</u>
ii. been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle?	<u>Yes/No</u>
iii. ever been declined or refused renewal for vehicle insurance?	<u>Yes/No</u>
iv. Any physical defect, infirmity or impairment of sight or hearing?	<u>Yes/No</u>
If Yes to any of the above, please give details:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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3. INSURED VEHICLE

a. Make:	
b. Model:	
c. Registration Number:	
d. Year of Manufacture:	
e. Name of Hire Purchase or Finance House interested:	
f. Description of Damage:	
g. Is the vehicle driveable?	<u>Yes/No</u>
h. Is the vehicle at a Repairer's:	<u>Yes/No</u>
i. Repairers Name, Address and Telephone Number:	
j. Estimated cost of repair:	<u>£</u>
k. Purpose for which the vehicle was being used:	
l. Number of persons being carried including the driver:	
m. Nature of goods being carried:	

4. THIRD PARTY

a. Name:	
b. Address:	
c. Telephone Number:	
d. Name of Insurers:	
e. Policy/Certificate Number:	
f. Make and model of vehicle:	
g. Registration Number:	
h. Description of damage to other vehicle or property:	

5. INJURED PERSONS

Name	Address	Nature of injuries sustained	Age	State whether occupant of Insured vehicle, other vehicle, or pedestrian

6. ACCIDENT

a. Date/Time (am/pm):

b. Place:

c. State of Roads:

d. Weather conditions:

e. Insured Vehicle:

i. Estimated speed:

ii. Position in road:

iii. What lights were used

f. Third Party Vehicle:

iv. Estimated speed:

v. Position in road:

vi. What lights were used

g. Please provide a full description of the accident:

h. Please provide a sketch plan of the accident below (show if possible, widths of roads, location and direction of travel of vehicles, position of pedestrians concerned and relevant road signs)

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7. DO YOU ACCEPT RESPONSIBILITY FOR THIS ACCIDENT: YES / NO / PARTIAL (please delete as appropriate)

8. WITNESSES

a. Name and addresses of all independent witnesses:

b. Were particulars taken by a Police Officer?

Yes/No

If Yes, please give name, number and station:

Insurance companies maintain a number of anti-fraud and theft registers to help check information and prevent fraudulent claims. Insurers may search these registers as part of their investigations and will pass information relating to this incident to the appropriate register(s) for the future reference of other parties.

4. DECLARATION

I/we declare that all particulars on this form are true and correct:

Name:

Signature:

Status of Signatory:

Date:

Please complete and return this form to COBRA Insurance Brokers as soon as possible.