

MOTOR INCIDENT REPORT FORM



Claim number

PRIVACY NOTICE

The following information is required in order to process your claim. This will need to be shared with the insurer and any parties they may appoint such as loss adjustors or reinsurers. In addition, many insurers will share details with agencies involved in the prevention or detection of fraud or financial crime.

Our Customer Privacy Notice provides details of how we use and share your information as well as your rights and how to exercise them. You can access it at www.thecleargroup.com/privacy-policy or contact us if you would like us to send you a copy.

Where you provide information relating to another person we assume you have a lawful basis for doing so and request that you draw our privacy notice to their attention.

COMPLETING YOUR FORM

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary and if completing by hand, please use block capitals.

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In addition you should:

1. Note that insurers have deadlines for submitting claim forms so do not delay returning this form. If the claim form is submitted late, insurers may decline your claim;
2. Telephone us on 020 8329 4995 if you need assistance with completing this form;
3. Do not admit liability or respond to any third party correspondence;
4. Provide all documentation in support of your claim including two repair estimates and photographs of the damage.
5. This claim will only be accepted if signed by the Policyholder or their authorized representative.

1. INSURED

Insured Name:

Policy Number:

Correspondence address:

Telephone Number:

Fax Number:

Email address:

Are you the:

Owner

Tenant

Agent

Business/occupation:

Are you VAT registered?

Please provide the details of who we should contact regarding this matter if it is not the Policyholder. Please note that this person must be authorised by the Policyholder to discuss this incident on their behalf.

Name:

Position/title:

Telephone number:

Email address:

2. INSURED VEHICLE

Registration Number:

Cubic Capacity:

Colour, make and model:

Cause of loss/damage:

Is the vehicle still in use? Yes No

Description of damage:

Where is the vehicle?

Have you obtained a quote for repairs? Yes No

If yes, please provide details:

Are you the owner of the vehicle? Yes No

3. INSURED DRIVER

Name:

Address:

Date of birth:

Occupation:

Employer:

Date UK Test Passed:

Does the driver have: Any disabilities? Yes No

Any convictions? Yes No

Any accidents in the past 5 years? Yes No

If you answered "yes to the above question, please provide details here:

4. INCIDENT DETAILS

Date and time of incident: Date: Time:

Details of incident:

Purpose of journey:

Who in your opinion is to blame?

Were there any:

Passengers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Witnesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "yes" to the above question, please provide names and addresses below.

Did the police witness the accident? Yes No

Did the police take details? Yes No

If yes, please provide Crime Reference Number:

Have you received any notice of prosecution? Yes No

Was there a third party involved? Yes No

If you answered "yes" to the above question, please complete section 5. If not, go straight to section 6.

5. THIRD PARTY DETAILS

Registration Number:

Name:

Address:

Telephone number:

Colour, make and model:

Policy number:

Insurer:

Have received a notice of claim against you? Yes No

6. DIAGRAM

- Please provide/attach a diagram of the incident

7. DRIVER'S STATEMENT

8. DECLARATION

Please tick to declare that the details given on this form are true and complete and to the best of your knowledge

Name:

Date:

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