

Section 1 - Please complete in all cases

Policy Number	<input type="text"/>	Date of Accident	<input type="text"/>	
Vehicle Registration	<input type="text"/>	Time of Accident	<input type="text"/> AM / PM	
Policyholder Full Name	<input type="text"/> Mr/Mrs/Miss/Ms/title			
Present Address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>			
Telephone number	<input type="text"/> Home	<input type="text"/> Business/Mobile		
Email Address	<input type="text"/>			
Date of Birth	<input type="text"/>			
Is a full driving licence held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes' date driving test passed	<input type="text"/>
Occupation (s)	<input type="text"/> Full time	<input type="text"/> Part time		
Is the insured registered for VAT/GST?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the vehicle owner registered for VAT/GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any previous accidents or Losses sustained in connection with a motor vehicle. If None, please state none	<input type="text"/> Dates _____ _____	<input type="text"/> Circumstances _____ _____		
Details of all motoring convictions <i>Including fixed penalties and any pending prosecutions.</i> If None, please state none	<input type="text"/> Date of conviction _____ _____	<input type="text"/> Offence/offence code _____ _____	<input type="text"/> Sentence/fine _____ _____	
Details of all other criminal convictions involving fraud or dishonesty e.g. <i>shoplifting, arson</i> If none, please state none	<input type="text"/> _____ _____			

Section 2 – Person Driving or LAST in charge of vehicle

Was the Policyholder driving
Section 2
or last in charge of the vehicle
3
at the time of the Accident ?

Yes

If Yes' please go straight to

No

If 'No' please complete

Section 3

below and then go to Section

Person Driving or LAST in charge of vehicle

Full Name

Mr/Mrs/Miss/Ms/title

Present Address

Postcode

Telephone number

Home

Business/Mobile

Date of Birth

Occupation(s)

Full time

Part time

Details of any previous accidents or
Losses sustained in connection with
a motor vehicle.

If None, please state none

Date

Circumstances

Details of all motoring convictions
*Including fixed penalties and any pending
prosecutions.*

If none, please state none

Date of conviction

Offence/offence code

Sentence/fine

Details of **all** other criminal
convictions involving fraud
or dishonesty e.g. *shoplifting, arson*

If none, please state none

How often does this person
use the vehicle?

daily

weekly

monthly

other
please state

What is the person's relationship
to the insured? e.g. *employee, son,
daughter etc*

Does this person have insurance
of their own?

Yes

No

If 'Yes' please give Name of insurer and Policy No.

Insurer

Policy No.

Is a full driving licence held?

Yes

No

if 'Yes' date driving test passed

Section 3 – Your Vehicle Details - Please complete in All cases

Vehicle

Make

Model

Colour

GVW *commercial vehicles only*

Cubic Capacity

Engine number

Chassis/VIN number

Year of Manufacture

Mileage at date of Accident/Theft

Is the Policyholder the Main User of the Vehicle?

Yes No If 'no' please state who is below

Is there any outstanding finance or hire purchase on the vehicle? below.

Yes No If Yes please give name and address of the company

Is the Policyholder the legal owner of the vehicle *and/or trailer?*

Yes No If, no please explain why and give name and address of registered owner

Please give details of any alternations/modifications made to the vehicle

Is the vehicle still driveable?

Yes No

What is the extent of the damage

Where and when can the vehicle be inspected?

Repair estimate attached?

Yes No

In the event of your vehicle being uneconomical to repair, may we move it to a place of free storage in order to minimise storage charges?

Yes No

Section 4 – About the Accident

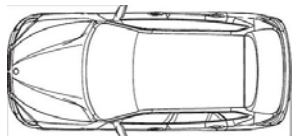
Exact location where Accident occurred (eg Road Name, Town or Parish)

Please give full details of how the accident happened? It is helpful if you describe speed, signals given by all parties and weather conditions.

Please draw a diagram or sketch of the vehicle(s) in the accident. Please try to show road markings, traffic lights, approximate road widths etc.

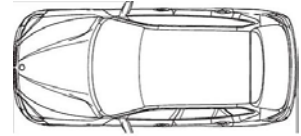
Impact on your car

Mark location of damage on diagram



Impact on other vehicle

Mark location of damage on diagram



What was the vehicle being used for, where was it going?

Did the Police attend the accident?
Force/Station

Yes

No

If 'Yes' give details of Officer's Name & Police

Were there any witnesses? Yes No not applicable

Name Address/Telephone Number

If 'Yes' please give their names and contact address/telephone
 1)
 2)

Was the driver injured? Yes No

If 'Yes' give details

Were there any passengers? If so give details.

Name	Address	Telephone	Details of injury
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Were any other people involved in the accident? Please give as much information as you can about any injuries & their damage.

Name, Address and Telephone No.	Vehicle Registration	Insurers/Policy No	Details of injury	Their Damage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who do you hold responsible for the accident? Self Other If 'Other' please state why

Section 5 - Declaration

I/We declare that the details given on the claim form are true and complete to the best of my/our knowledge and belief. I/We understand that if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit, all benefit under the policy shall be forfeited and criminal proceedings may ensue.

Signed

Date

APPROVED REPAIRERS

Guernsey

Auto Collision Repairs

Inc. Geoff Rowe

Forest Road

St Martins

Guernsey

GY4 6UE

Telephone: 01481 235020

Bodyline

La Planque Lane

Forest

Guernsey

GY8 0DR

Telephone: 01481 263122

Kenny Brouard Autobody Shop

Marion Place

Port Grat

Guernsey

GY2 4TD

Telephone: 01481 256939

TrustFord Guernsey

Bulwer Avenue

St Sampsons

Guernsey

GY2 4LG

Telephone: 01481 247072

Jersey

Repairers differ depending on insurer, check your policy document.



NFU Mutual



Kiln

Cunningham Car Centre

Total Service Station

La Route Des Quennevais

St Brelade

Jersey

JE3 8FP

Telephone: 01534 745824

TrustFord Jersey

La Rue Des Pres Trading Estate

St Saviour

Jersey

JE2 8UR

Telephone: 01534 636633

Martin Fernando Limited

La Rue De Pres Trading Estate

St Saviour

Jersey

JE2 7QS

Telephone: 01534 507873 or 633150

or 873910

Falles Airport Road Garage

Airport Road

La Route des Quennevais

St Brelade

JE3 8FP

Telephone: 01534 495060

Alderney

Please contact us for further instructions.

PLEASE OBTAIN ONLY ONE ESTIMATE FOR REPAIRS FROM AN APPROVED REPAIRER ON THE ABOVE LIST.

Please note our approved repairers will provide a courtesy car while your vehicle is in for repair subject to availability.