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

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| **Policyholder details** | |
| Name of insured: | |
| Daytime contact number: | |
| Address of insured: | |
| Business or occupation: | |
| Policy no: | VAT registered: |
| **General questions** | |
| Date & time of incident: | |
| Where did the incident happen: | |
| **Claimant** (vehicle owner) | |
| Owners name: | |
| Telephone no: | Mobile no: |
| Address: | |
| **Claimant’s vehicle** | |
| Make & Model: | |
| Registration: | Is the vehicle driveable: |
| Current location of vehicle (if known) | |
| **Incident details** | |
| Nature of work carried out to claimant’s vehicle: | |
| Were the parts fitted/supplied by yourself or the customer? Please provide full details: | |
| Have you referred to the manufacturer if the part was defective: | |

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| **Please forward this form along with any invoices for work done plus job sheets** | |
| Date and allegations received from claimant: | |
| **Declaration** | |
| Insert name: | Date: Click here to enter a date. |
| Position in company: | |