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

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| **Policyholder details** |
| Policyholder name:      |
| Daytime contact number:       |
| Policyholder address:      |
| Policy no:        | VAT registered:  |
| **Driver/Last person in charge details** |
| Name:       | Date of birth: Click here to enter a date. |
| Address:      |
| Driver’s occupation:       | Daytime contact number:       |
| Any current driving convictions in the last 5 years: If ‘Yes’ please advise dates, offence and penalties:      |
| Any driving bans in the past 5 years:       |
| Any criminal convictions:      |
| Full UK Driving Licence:  | Date passed driving test: Click here to enter a date. |
| Any disabilities:       |
| Has driver been involved in any accidents in the last five years: If ‘Yes’, please state details:       |
| **Insured vehicle details** |
| Vehicle reg:       | Is the vehicle driveable:   |
| Make, Model & Colour:       |
| Vehicle use:       |
| Were any passengers present:       |

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| Damage:      |
| Location of vehicle:       |
| Is your vehicle currently in storage:  |
| Are you claiming for repairs: If ‘Yes’, do you want to use your own repairers or your insurers approved repairers? Own repairers details (Estimates will be required if own repairers used):       |
| Speed of vehicle at time of impact:       |
| Does the policyholder own the vehicle? If not owned, please state who owns the vehicle:      |
| Is there any finance on the vehicle: If ‘Yes’, please provide details:       |
| Are there any modifications to the vehicle:  |
| **Third party details** |
| Vehicle reg:       | Make, Model & Colour:       |
| Vehicle damage:      |
| How many passengers present:       |
| Name, address and contact number:      |
| Insurance and policy number:       |
| **Police details** |
| Has incident been reported to the police: If ‘Yes’, please provide crime ref:      Police station:       |
| **Witness details** |
| Name:        | Contact number:       |

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| Address:       |
| Any injuries:       |
| **Incident details** |
| Date and time:       | Purpose of journey:       |
| Weather conditions:       |
| Location:      |
| Description of incident:      |
| Is there any CCTV, dashcam footage or photos: 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. |
| Do you hold any other party responsible for the accident:      |
| **Declaration** |
| Insert name: | Date:Click here to enter a date. |
| Position: |