



MOTOR ACCIDENT CLAIM FORM

INSURED NAME _____

POLICY NUMBER _____

BROKER _____

N.B Please ensure that the appendix is completed where there is third party involvement

AIUA claims are handled in compliance with the requirements of the ABI Claims Code. Further information can be obtained by visiting the ABI website <http://www.abi.org.uk>

IMPORTANT NOTICE

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly in to your bank account using Bank Automated Clearing Services (BACS).

In order to do this the company will need you bank account details so please complete the form below (Capital Letters Please) :-

Name of Bank	
Branch	
Sort Code	
Bank Account Number	
Account Name	

ACCIDENTAL DAMAGE (to be completed for accidental damage and third party claims)

Insured _____
Address _____

Postcode _____
Tel. No. _____ Mobile _____
Are you VAT registered? YES / NO
Can you recover VAT for this claim ? YES / NO

Vehicle Make _____
Model _____
Registration No. _____
Year of manufacture _____
Value _____
Name of any finance/ leasing Co. _____

Driver _____
Address _____

Post Code _____ Tel. No. _____
Date of Birth _____
Date UK driving test passed _____
Categories entitled to drive _____
Details of accidents in the last 3 years _____

Details of motoring convictions _____
Was vehicle being driven with insured's permission? YES / NO
Was the driver an employee of the insured? YES / NO

Details of damage
Is the vehicle drivable ? YES / NO
Is this an ingestion claim? YES / NO
If yes, were protection devices (e.g. slip clutch, shear bolt) in
Operation? YES / NO
Please provide a brief description of the damage

Repairer name and address _____

Where is the vehicle at present? _____

Accident Details
Date _____ Time _____ Location _____
Please state: Weather conditions _____ Speed limit _____ Speed of vehicle _____
If an agricultural vehicle, was it being used for contracting purposes? _____
Did the police attend? YES / NO If yes, please provide details

<p>Please provide a full description of the accident</p> <p>Please continue on the reverse if necessary</p>	<p>Sketch plan - please include direction of travel, position of Vehicles, width of road, road signs or warnings</p>
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Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

I/We declare that these details are true in every respect.

I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

I/We understand that in handling this claim, Towergate AIUA (a trading name of Towergate Underwriting Group Limited) will act on behalf of the insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis.

Signed _____

Date _____