

UKGlobal Motor Claim Form

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|----------------------|--|-----------------|--|
| Policy Holder | | | |
| Policy Number | | VAT Registered: | |

| | | | |
|---|----|----------------|--|
| Driver Details | | | |
| Name: | | Date of Birth: | |
| Address: | | | |
| Telephone Number: | | | |
| 1. Driving Licence Number: | 1. | | |
| 2. Date driving test passed. | 2. | | |
| 3. Details of any previous convictions: | 3. | | |
| 4. Details of any prosecution or pending police enquiry: | 4. | | |
| 5. Has the driver ever been advised not to drive by the DVLA or a doctor? | 5. | | |
| 6. Details of any accident, loss, fire or theft in the last 5 years regardless of blame, relating to any vehicle owned or driven by the driver? | 6. | | |

| | | | |
|-------------------------|--|-------|--|
| Incident Details | | | |
| Date: | | Time: | |
| How It occurred: | | | |
| Location: | | | |
| Who was at fault: | | | |

| Vehicle Details | | | |
|---|----------|------------------------|---------------|
| Make: | | Model: | Registration: |
| Description of damage: | | | |
| Vehicle usable: | Yes / No | | |
| Estimated cost of repair: | | | |
| How can inspection of your vehicle be arranged: | | | |
| Third Party Details | | | |
| Name: | | Telephone: | |
| Address: | | Email: | |
| Vehicle Registration: | | Make: | |
| Insurer: | | Model: | |
| Policy Number: | | Description of Damage: | |
| Number of Passengers in third Party vehicle: | | | |

| Other Details | |
|---|--|
| Details and contact information of any injured parties: | |
| Nature of Injuries: | |
| Name and contact details of any witnesses: | |

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|---|--|
| | |
| If Police involvement, Supply Reference number: | |
| Please attach a sketch showing positions of vehicles and direction of travel and all road signs and markings. If possible please attach photographs of the accident scene. | |

Completed by: _____

Date: _____