

UKGlobal Motor Claim Form

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:	

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: _____