



## MOTOR CLAIM FORM

**Our aim is to get you back on the road as soon as possible with the minimum of inconvenience.**

**To help us to achieve this, please see the following instructions.**

Simply follow the steps below:

- Simply call one of our Customer Service Centres 24 hours a day, 365 days of the year on the telephone numbers detailed below.
- Quote your policy number we will take details of the claim from you.
- We will arrange for one of our nationwide network of Approved Repairers to contact you regarding the repair of your vehicle.
- If you complete the claim form, we will require two estimates for repair.

AXA Insurance UK plc,  
Claims Dept,  
PO Box 196,  
**Bolton.** BL1 1LQ  
Tel: **01204 540 444**

AXA Insurance UK plc,  
Claims Dept,  
32 High Street,  
**Haverhill.** CB9 8BZ  
Tel: **01440 717001**

AXA Insurance UK plc,  
Claims Dept,  
3 Atlantic Quay,  
20 York Street,  
**Glasgow.** G2 8JH  
Tel: **0845 758 1076**

AXA Insurance UK plc,  
Claims Dept,  
Meridian Gate,  
Bute Terrace,  
**Cardiff.** CF1 2XA.  
Tel: **(029) 2045 6622**

### GENERAL

- To help us deal with your claim as quickly as possible PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS,  tick the correct boxes, and sign and date this form.
- All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.  
**If this form is being completed for INFORMATION PURPOSES ONLY, please tick this box** .
- If you do claim under your policy, your **No Claims Discount** could be affected.

### CLAIMS & UNDERWRITING EXCHANGE

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register, operated by the Association of British Insurers. Lists of participants are available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

**SECTION 1 - PLEASE COMPLETE SECTION 1 IN ALL CASES****Insured**Surname  Forenames Address  Postcode Previous Address (if you have lived at your present address for less than 3 years)  Postcode Daytime Telephone No.  Broker/Agent **Policy/Certificate No.**  **Business/Occupation** Are you VAT registered? Yes\*  No \* If 'Yes', are you able to recover VAT on new vehicles? Yes  No **DATE AND TIME OF INCIDENT**  /  /  :  **AM/PM****Payment Details***Our preferred method of settlement is Electronic Fund Transfer which allows any payment to be transferred directly into your account. Please supply us with the following details of your bank account*Bank Account Name  Bank Branch Sort Code Bank Account No. **Vehicle**Make and Model  cc  Year of Manufacture Registration No.  Any modification from standard? Yes  No If 'Yes', please give detail Who is the owner?  In whose name is the vehicle registered? Who is the main user of the vehicle? Is the vehicle left in the open overnight? Yes  No Do you or your spouse own or have private use of any other vehicle? Yes  No For what purpose was the vehicle being used at the time of the accident? (Personal or private is not sufficient.) Were goods or samples being carried? Yes  No If 'Yes', please give details Is the vehicle subject to (a) Hire Purchase or (b) Leasing agreement? (a)  (b) If you have ticked (a) or (b), please state the name, address and agreement number **Driver Last in Charge of Vehicle***This box must be completed, even if the driver is the policyholder, and the vehicle was parked or stolen*Name  Date of Birth  /  / Address Occupation  Daytime Telephone No. Is the licence (a) Full or (b) Provisional? (a)  (b)  If Full, when issued?  /  /  Date driving test passed  /  / No. of the current Driving Licence  State classes of H.G.V. covered by the Driving Licence If being used by someone other than the Insured, had the user obtained the Insured's consent? Yes  No Does the driver have any disability, physical defect or infirmity?  /  /  Yes  No If 'Yes', please give details Does the driver have any convictions or impending prosecutions for motoring offences? Yes  No If 'Yes', please give dates and details **Heavy Goods Vehicles Only**Type of vehicle Class of vehicle  Carrying capacity

## SECTION 2 - PLEASE COMPLETE SECTION 2 IN CASES OF ACCIDENT

### Accident Details

Please state the name of the street and town where the accident happened

At what speed was your vehicle travelling when the accident happened?

What were the weather conditions (e.g. dry, raining)?

Which lights on your vehicle were lit?

Do you think your driver was responsible for the accident? Yes  No

If 'No', who was? (name and address)

## SECTION 3 - PLEASE COMPLETE SECTION 3 IN CASES OF THEFT OR ATTEMPTED THEFT

### Theft Details

Where did it happen?

What protections were fitted to the vehicle?

Were they in use when the theft occurred? Yes  No

Where were the vehicle keys at the time of the theft?

Where there any personal effects stolen? Yes  No

If Yes, please give details

## SECTION 4 - PLEASE COMPLETE SECTION 4 IN ALL CASES

### Damage to the Insured vehicle

Please describe in detail the damage to your vehicle

Is the vehicle immobile? Yes  No

If 'Yes', where is it located?

If mobile and you are claiming for repairs, please supply two garage estimates (these are not required if you are using one of our Checkpoint Approved Repairers)

### Details of other vehicles involved

| Name, address and telephone no. of owner | Name and address of driver if different | Vehicle make and registration number | Name, address and policy number of insurers | Nature of the damage (If none, write 'NONE') |
|--|---|--------------------------------------|---|--|
|  |   |                                      |   |  |
|  |   |                                      |   |  |
|  |   |                                      |   |  |

### Damage to other property

If there was any damage to other property other than vehicles please give details

| Please give details of property damaged | Name, address and telephone no. of the owner | Name, address and policy number of the insurers |
|---|--|---|
|   |  |   |
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|   |  |   |

### Injuries

If anyone was injured please give details

| Name and address of the injured party | Name of the Hospital if the person was detained | Nature of injuries |
|---------------------------------------|---|--------------------|
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