



**MOTOR VEHICLE
CLAIM FORM**
TO BE USED FOR OTHER THAN
STOLEN OR BURNT OUT

CLAIM / CUSTOMER REF.

OFFICE

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED. THE DRIVER DETAILS SHOULD BE COMPLETED BY THE ACTUAL DRIVER OF THE VEHICLE IF THE DRIVER IS DIFFERENT FROM THE INSURED.

IMPORTANT

Please read before completing this form.

Many of the fraudulent claims we receive are made as Motor Vehicle claims.

This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined.

We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down.

Thank you for your co-operation.

INSURED'S
FULL NAME(S)
Mr/Mrs/Miss/Ms

DATE(S) OF BIRTH

TELEPHONE

DAY

NIGHT

POSTAL ADDRESS

POST CODE

INTERESTED
PARTY
(BANK, FINANCE
COMPANY ETC.)

POSTAL ADDRESS

POST CODE

INSURED VEHICLE

YEAR	MAKE AND MODEL	REG. NO.	V.I.N NO.

Is the warrant of fitness current? Please appropriate box YES NO If NO, why?

Is there any other insurance on this vehicle? YES NO If YES, with whom?

Has the vehicle been modified in any way? YES NO If YES, give details.....

THE DRIVER OR PERSON IN CHARGE OF THE VEHICLE

Full Name (Mr/Mrs/Miss/Ms)

Address

Occupation Phone: (Day) (Night)

Date of Birth / / Licence No. Date of Issue / /

Type of licence at time of accident: FULL RESTRICTED LEARNERS

1. Was the driver the: OWNER EMPLOYEE FAMILY MEMBER IF OTHER SPECIFY WHOM.....

For questions 2-6, where YES please supply details:

2. Was the vehicle being driven without the owner's knowledge and consent? YES NO

3. Had the driver taken any medication in the 24 hours prior to the accident? YES NO

4. Had alcohol and/or drugs been consumed by the driver in the 24 hours prior to the accident? YES NO

5. Was a breathalyser, or blood test, or other test required? YES NO

6. In the last five years has the driver:

a) Had any insurance cancelled or refused? YES NO

b) Had a driving licence endorsed, suspended or cancelled? YES NO

c) Committed, been charged with or convicted of any criminal or traffic offence (other than parking)? YES NO

d) Been convicted of driving while under the influence of drugs or alcohol? YES NO

e) Had any previous accidents or made a claim on a motor vehicle insurance policy? YES NO

Insurance Company

DAMAGE TO VEHICLES INVOLVED IN ACCIDENT

A) INSURED VEHICLE Mark with an "X" all areas damaged on **your** vehicle in the accident

Describe the damage to the vehicle (e.g. bumper and right rear panel).....

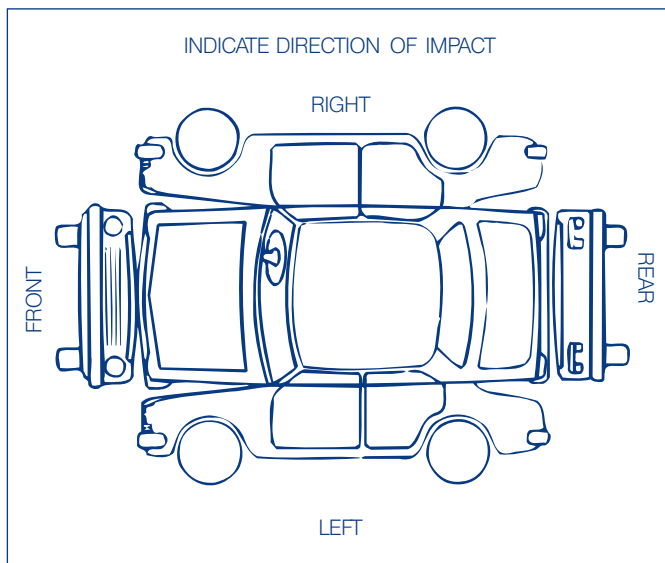
.....

Is the vehicle driveable?

Amount of estimate for repairs (attach quote if possible).....

Where and when can it be inspected?

.....



B) OTHER VEHICLES INVOLVED IN ACCIDENT

Owner's name.....

Address

.....Phone:

Make/ModelReg. No.

Insurance Coy.

Third Party Driver's Name.....

Address

.....Phone:

Make/ModelReg. No.

All written communications from any other party must be forwarded immediately to us.

POLICE DETAILS
Please read this carefully

Did the Police attend the scene? YES NO

If NO, have the Police been notified of the loss? YES NO

If YES, which Police Station was the loss reported to?

On which date?...../...../..... **Police File/Event Number:**

Have the Police recovered any property? YES NO

N.B. Please attach the Police Form in all cases of theft or loss.

Has the loss been advertised in any newspapers? YES NO

If YES: Paper..... Date...../...../.....

Other action taken to recover property.....

DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

- All the statements in this claim form and any additional schedules are correct.
- The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.
- I/We have told Tower Insurance everything relevant to this claim.

Please Tick	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by Tower Insurance to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Tower Insurance may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Tower Insurance immediately and return the property to Tower Insurance or will refund to Tower Insurance the value of the recovered items.

I/We authorise Tower Insurance to obtain personal information about me/us from any other party.

I/We authorise Tower Insurance to obtain if required a copy of the police report from the Police relating to this claim.

Exceptions to this Declaration:

.....

.....

.....

.....

.....

Insured's Signature.....

Witness Signature

Date/...../.....

Date/...../.....

Driver's Signature

Witness Signature

Date/...../.....

Date/...../.....