

Motor Claims Form for AXA Insurance

Section 1 – Policyholder and Driver details

Policyholder details

*Policy name

*Policyholder number

*Policyholder address

 Postcode

Phone No. Fax No. Mobile No.

Email

Are you VAT registered?

Yes No

Driver details

Driver details

(include details of last driver if vehicle was stolen)

Driver's name Phone No.

Date of birth / /

Driver's address

 Postcode

Licence No.

Class

Expiry

Years held

Was the vehicle being used with the Insured's consent? Yes No

If Yes, reason for use?
(Business, Private etc)

If No, please complete Theft details on page 6

Driver's relationship
to Insured:

Section 1 - Policyholder and Driver details continued

*Does the driver have any medical conditions or disabilities that the DVLA are aware about?

Yes No

If you answered 'Yes' to this question please specify below.

*Has the driver received any previous motor offences or convictions?

Yes No

Conviction code

Conviction date

Points on licence

*Has the driver had any motor claims in the last 3 years?

Yes No

If you answered 'Yes' to this question please specify below.

*Does your vehicle have any modifications from standard?

Yes No

If you answered 'Yes' to this question please specify below.

Section 2 - Incident details

*Date and time of incident

Location

Accident: Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc)

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification:

Your Vehicle = IV Third Party Vehicle(s) = TP1, TP2, TP3 (show registration numbers on the next line)

TP1 Reg. No. TP2 Reg. No. TP3 Reg. No.

Checklist: Street Names Distances Lines/Line markings Traffic signal/Signs

Position/direction of your vehicle Position of other vehicle/property Impact point Position of witness

Section 2 - Incident details continued

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification:
(continued)

Freehand



Road conditions

Wet	Dry	Sealed	Unsealed	Day	Dusk	Night	Dawn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe what the vehicle was being used for at the time

Who do you believe was at fault and why?

Was there any admission of responsibility for the accident? Yes No

If Yes, give details

What speed were you travelling at before the accident?

*What speed were you travelling at on point of impact?

*Do you have cctv or dashcam footage?

Yes No Awaiting info

Email address to provide footage
(please provide your personal email address not generic)

Google maps link

Section 2 - Incident details continued

Police

Please state below whether the police were notified

No State reason

Yes Name of officer Police station

Police Report No. Date / /

Did the police attend the scene? Yes No

Were any charges laid or indicators made of further action? Yes No

Give details (who and what)

Witnesses

Were there any witnesses to the event? Yes No *(If yes, please complete the following)*

Name Telephone No.

Address

 Postcode

Where was the witness?

Second witness:

Name Telephone No.

Address

 Postcode

Where was the witness?

Section 3 - Vehicle and Damage details

*Reg number

Vehicle details

Make Model

*Who is the owner of the vehicle?

*Who is the registered keeper of the vehicle?

*Was a trailer being towed?

Yes No

If 'yes' please advise of any damage if you are claiming.

*Was the vehicle damaged?

Yes No

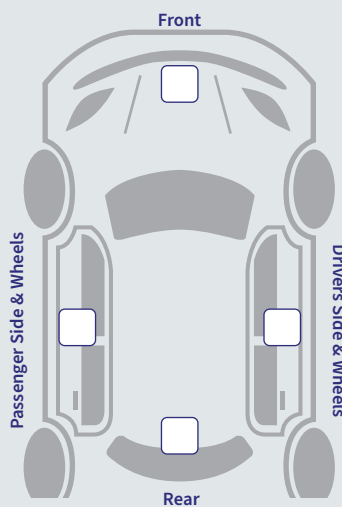
Has the vehicle been recovered?

Yes No If Yes, by whom?

When and where recovered? (If recovered, please complete Damage section of claim form)

To the best of your knowledge, select the area(s) of your vehicle which have been damaged.

Please select one or multiple areas of damage. You can change the area(s) of damage by selecting the area again to remove it.



Damage

- Bumpers
- Engine
- Interior
- Roof
- Underneath
- Wheel
- Windscreen
- Wing Mirror

Is your vehicle legally roadworthy?

Yes No I don't know

How many occupants were in the vehicle at the time of the incident?

Were there any injured occupants in your vehicle?

Yes No

Email address of the person in possession of vehicle

Section 3 - Vehicle and Damage details continued

*Is this a theft claim?

Yes No

If Yes, please comment below

Theft Details:

State where vehicle was stolen from:

Describe events from time parked until discovered missing (*include who made discovery and any action*)

Was the vehicle locked? Yes No

Were the keys duplicated? Yes No

Where were the keys at the time?

Who has each set of keys?

Was the vehicle alarmed or fitted with an immobiliser? Yes No State which

If Yes, was alarm or immobiliser turned on? Yes No

If not turned on, state reason

Section 4 - Third Party details

*Were there any third parties involved?

If 'yes' and more than one third party, please add details on separate additional information page at the end of this claim form.

Yes No

If you answered 'Yes' to this question provide registration details:

Name

Address

Postcode

Contact information

Vehicle Reg

Were there any occupants in the vehicle?

Yes No

Name

Contact information

Section 4 - Third Party details continued

*How many occupants were in the vehicle at the time of the incident?

*Were there any visible injuries?
If so please state.

*Was there any property damage
(excluding vehicle i.e. pillar, post
fence etc.)?

Yes

No

If you answered 'Yes' to this question please specify below.

Additional information

Declaration

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief. I/We authorise you to deal with this claim within the terms of my/our policy and admit liability on my/our behalf if appropriate.

I/We understand that you may seek information from other insurers to check the answers I/we have produced.

Signature

<input type="text" value="X"/>	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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Your role

Driver Broker Insured

Date

<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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