Please ensure the claim form is completed in full to prevent delays in settlement of your claim

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| **Policyholder details** |
| Name of insured:       |
| Daytime contact number:       |
| Address of insured:       |
| Business or occupation:       |
| Policy no:       | VAT registered:  |
| **General questions** |
| Date & time of incident:        |
| Where did the incident happen:      |
| **Claimant** (vehicle owner) |
| Owners name:        |
| Telephone no:       | Mobile no:       |
| Address:       |
| **Claimant’s vehicle** |
| Make & Model:       |
| Registration:       | Is the vehicle driveable:  |
| Current location of vehicle (if known)      |
| **Incident details** |
| Nature of work carried out to claimant’s vehicle:        |
| Were the parts fitted/supplied by yourself or the customer? Please provide full details:      |
| Have you referred to the manufacturer if the part was defective:      |

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| **Please forward this form along with any invoices for work done plus job sheets** |
| Date and allegations received from claimant:      |
| **Declaration** |
| Insert name:       | Date: Click here to enter a date. |
| Position in company:        |