



TRAVELERS INSURANCE COMPANY LIMITED

Motor Accident Claims Form

To complete this claims form, fill in the designated highlighted fields. Please ensure you save the form to your computer.

You can then either print it and return it to your broker by post or email the electronic version. Alternatively send the form directly to: Travelers Insurance Company Limited, Commercial Claims, 61-63 London Road, Redhill, Surrey RH1 1NA.
Tel: 0800 587 8388 Email: reportaclaim@travelers.com

IMPORTANT

We wish to make the processing of your claim as trouble-free as possible. In order to do so, please ensure that all questions are fully answered and all required documents are enclosed.

PLEASE ANSWER EVERY QUESTION FULLY – FAILURE TO DO SO WILL RESULT IN DELAY

The issue of this form is not an admission of liability

Insured Details

Policy Number	<input type="text"/>		
1. Policyholder's Name	<input type="text"/>		
2. Trading Name	<input type="text"/>		
3. Cover applicable	Comprehensive <input type="checkbox"/>	Third Party Fire and Theft <input type="checkbox"/>	Third Party Only <input type="checkbox"/>
4. Address	<input type="text"/>	Telephone Number	<input type="text"/>
		Fax Number	<input type="text"/>
5. Are you registered for VAT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' is VAT recoverable from the Tax Authorities Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes' how much is recoverable?</i>	<input type="text"/>		

Details of driver (or last person to drive before accident)

This section MUST be completed even if the vehicle was in the charge of the insured or if it was parked and unattended.

6. Title <small>(Mr/Mrs/Miss/Ms/Dr)</small>	First Name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		How long resident in UK?	Date UK driving test passed
<input type="text"/>		<input type="text"/>	<input type="text"/>
		Driving licence number	Licence expiry date
		<input type="text"/>	<input type="text"/>

7. Type of licence (please tick as appropriate)

Full UK Provisional EEC Other Please state

Relationship of driver if other than insured (please tick as appropriate)

Spouse Child Parent Friend Employee Other Please specify

Have you or the driver ever been convicted of any offence (whether a motoring or a dishonesty offence) or received a fixed penalty notice? Yes No

Have you or the driver ever been involved in any accident? Yes No

Details of Vehicle

8. Registration No.	9. Year of make	10. Make & model
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Colour	12. Engine capacity	13. Value
<input type="text"/>	<input type="text"/>	<input type="text"/>

14. Is the vehicle leased? Yes No

Own/General? Yes No

or subject to finance? Yes No

If the vehicle is leased, or subject to finance, please give full name and address and contract number

15. Is the vehicle registered in the insured's name? Yes No

16. Date of purchase Date of purchase £

17. Has the vehicle been modified? Yes No

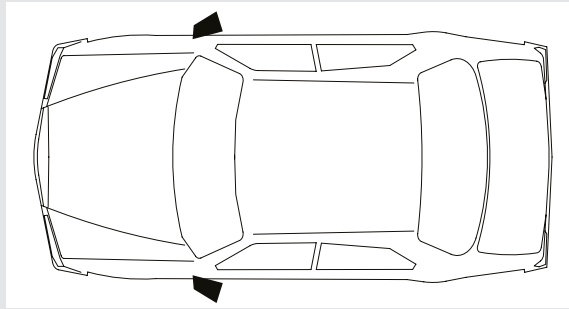
If 'Yes' give full details

Damage to vehicle

Indicate area of damage to the vehicle

Show impact thus xxxx

Front



Rear

18. Is the vehicle driveable?

Yes No

19. Is the vehicle repairable?

Yes No

Are the repairs underway?

Yes No

If repairable, what are the estimated labour repair costs?

Is there a nominated repairer?

Yes No

If so, please give name and address

If there is not a recommended repairer then two competitive estimates will be required.

In the event of the vehicle being beyond economical repair we may move the vehicle to free storage pending settlement.

Use of Vehicle at Time of Accident

20. Please state EXACT USE of the vehicle (if it was not being driven then please state the use prior to parking)

Details of Accident

21. Date

22. Time

23. Weather and Road Conditions

24. Exact location (Road, Town/County)

25. Speed limit (mph)

26. Speed of vehicle prior to accident?

Third Party vehicle

27. Distance from nearside kerb?

28. What lights were displayed?

29. What warnings were given?

30. Who was to blame for the accident?

31. Describe fully how the accident occurred

32. Details of other vehicles or persons involved

Make and registration	Name and address of owner and/or driver	Details of insurer	Damage to vehicle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

33. Witnesses

Names and addresses of own passengers	Names and addresses of any other witnesses
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

34. Was the incident reported to the police?

Yes No

If 'Yes' reporting officer's name and no.

Police station

35. Any prosecution pending/resulted?

Yes No

Please give details below

36. Was any person injured?

Yes No

Please give details below

Names	Address	Nature of injury
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

37. Was any person detained in hospital?

Yes No

If 'Yes' name of hospital

Any claim against you, including any communication from the Police or any hospital authority, must be passed to us immediately without any acknowledgement.

IMPORTANT NOTES

Insurance companies maintain a number of anti-fraud and theft registers to help us check information and prevent fraudulent claims. We may search these registers as part of our investigation and we will also be passing information relating to this incident to the appropriate register(s) for the future reference of other parties.

Declaration

By submitting this form you declare that the foregoing particulars are true to the best of your knowledge and belief. You authorise Travelers to make such admissions on your behalf as it deems appropriate and you agree to render to Travelers all assistance in the investigation of the claim. You further agree to provide such assistance as may be necessary in pursuing recovery of any outlay.

Name

Date

Position/Job Title

The information provided in this document is for general information purposes only. It does not constitute legal or professional advice nor a recommendation to any individual or business of any product or service. Insurance coverage is governed by the actual terms and conditions of insurance as set out in the policy documentation and not by any of the information in this document.

Travelers operates through several underwriting entities through the UK and across Europe. Please consult your policy documentation or visit the websites below for full information.

travelers.co.uk

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