Linkage Assurance Plc

RC:162306

MOTOR VEHICLE ACCIDENT CLAIM FORM

The Policy No. to be entered on this form MUST BE
that which appears on your LATEST Motor Insurance Certificate

Policy (or Certificate) No. ____ Branch or Agent to whom you paid your last premium ____

A INSURED

Name ____

Address (Private) ____ Telephone No ____

Address (Business) ____ Telephone No ____

Trade or Occupation (if more than one state all) ____

B DRIVER

Name ____ Occupation ____

Address ____ Date of Birth ____

Driving Licence No ____ Date of Expiry ____ Group ____

Where issued ____ How long has driver held a licence to drive the vehicle? ____

Is it a learner's permit? ____ Date when driver passed the test ____

Details of all Police convictions in connection with any motor vehicle ____

Was he using the vehicle with insured's knowledge and consent? ____

Was he in the insured's employ? If so, state how long employed Is he insured in his own name in respect of any motor vehicle? ____

If so, give name and address of insurers ____

C VEHICLE

Reg. No.	C. C.	Make	Year of Make	Were Goods Carried?	No of Trailers

Is vehicle (a) owned by Insured? ____ (b) registered in your name? ____

(c) cover provided ____

If vehicle is not owned by insured, State name and address of ____ (a) Owner ____

(b) Insurer ____

For what purpose was the vehicle used?

If commercial vehicle state (a) class of licence ____ (b) carrying capacity ____ (c) weight of load ____

State damage to your vehicle ____

Name and address of repairers where vehicle can be examined ____

Telephone No ____

Is vehicle at repairers now? ____ if not, when will it be taken there? ____

Name of Hire Purchase Co. if any ____ Approximate amount outstanding ____

State date of first registration as new ____

NOTE: AN ESTIMATE FOR REPAIRS MUST BE SENT AS SOON AS POSSIBLE IF THE DAMAGE IS COVERED BY THE POLICY

D ACCIDENT

Date ____ Time ____ am/pm Place ____ Town ____

Own speed ____ Width of road ____ Road and weather conditions ____

Was accident reported to Police? ____ Details of Officer or Station ____

E OTHER PARTY INVOLVED (Give details of all persons including passenger in your vehicle who were involved in the a c c i d e n t or who sustained injury or damage to property)

Name and address	Make of Vehicle, Reg. No. and Insurer(if known)	Details of Injury and Damage

F WITNESSES

Name and addresses of the passengers in your vehicle	Name and Addresses of any other vehicles

G FULL DESCRIPTION OF ACCIDENT (Including details of warnings and signals given by all parties)

SKETCH PLAN Please show the position on the road of vehicles' point of impact and indicate direction and track immediately before accident. If possible, please indicate road signs and markings, including pedestrian crossing, relative important of roads, and direction of nearest towns.

NOTE Any correspondence or Notices of Prosecution or other proceedings must be forwarded immediately

I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this incidence.

I/We authorize the Company instruct my/our repairers on my/our behalf to undertake such repairs to my/our vehicles as may be agreed.

Date ____________ Signature of Insured ____________

(If a Limited Company, give status of signatory)