



# MOTOR CLAIM FORM

Policy Number	1000688434	Claim Reference		Client Code	
---------------	------------	-----------------	--	-------------	--

## POLICY HOLDER

Name	J A Fisher Cars Ltd. T/A Jafvans				
Address	400 Northolt Road, South Harrow				
			Post code	HA2 8EX	
Telephone Number	020 8864 2650				
VAT registered Y/N	Y				

## VEHICLE

Registration number					
Make and model		Vehicle c.c.		Year of manufacture	
Type		If vehicle is leased, pls give details			

## DRIVER (at the time of incident)

Title		First Name		Surname	
House Number					
Street Name					
Town					
City					
Post Code					
Telephone number			Date of Birth		
Occupation					
Is driver employed by you?					
Purpose of journey					
Any convictions for motoring offences?			Any charges pending?		
If so, state details and dates					
Type of licence			Years held		If HGV Pls give class

## ACCIDENT LOCATION

Date		Time			
Accident Location					
Weather conditions			Speed limit		
Who do you consider to blame for the accident?					

**OWN DAMAGE**

Description of damage			
Approximate cost of repair £		<b>Please state if approved repairer required</b>	
Please attach estimate if obtained			
Where can it be inspected?			

**Third Party immediately involved**

Name	
Address	
Vehicle Reg, Make & Model	

**OTHER VEHICLES INVOLVED (Please complete details below for each vehicle involved, continue on separate sheet if required)**

Name and address			
Title		Initial	Surname
House Number			
Street Name			
Town			
City			
PostCode			
Registration number		Make and model	
Insurer's name		Insurer's Address	
Policy / Certificate number		Apparent damage	

**PROPERTY DAMAGED/INJURED PERSONS (Important: Please state number of passengers in each vehicle involved- this is vital in the fight against fraud)**

Title		Initial	Surname
House Number			
Street Name			
Town			
City			
Post Code			
Description of property		Extent of damage	
<b>Injured persons:</b> State name and address (wheth. driver, pedestrian); details of injury; medical attention needed; name of hospital			

**WITNESSES Please state whether independent or passengers in your vehicle**

Name			
Address			
Telephone No.			
Were the Police informed?		Did they attend?	Are proceedings pending?
Name & Address of Station		Name of Officer(s)	
Crime Reference Number			

**Description & Sketch of Accident** – Please show as much detail as possible

Area for handwritten description and sketch of the accident. The section contains 24 horizontal lines for writing.

**Before**

**After**

Two large empty boxes for drawing or sketching the accident scene before and after the incident. The 'Before' box is on the left and the 'After' box is on the right.

I declare that all answers are true and correct

**Signature**

**Date**

Signature line and date line. The signature line is a long empty box, and the date line is a shorter empty box.