

DRIVERS NEGLIGENCE CLAIM FORM

THIS SECTION TO BE COMPLETED BY AGENCY

Insured : _____ Policy Number : _____

CLIENT DETAILS

TO BE COMPLETED BY CLIENT CLAIMING

Insured : _____ Your Insurer : _____

Address : _____

Telephone Number : _____

DRIVER

Name : _____

Address : _____

Date of Birth : ____ / ____ / ____

Type of Driving Licence: _____ Length of time Held : _____

(Please attach a copy of the Driving Licence)

Has the driver held a LGV licence for 24 Months and driven for at least 180 days during this period?

YES / NO

Length of Employment by your Agency : _____

DETAILS OF CLAIM

CLAIMANT

Full Business Name : _____

Address: _____

Telephone Number : _____

VEHICLE

Make : _____ Year : _____ Registration Number : _____

Details of Damage : _____

(Please send copies of invoices / estimates where applicable)

Name and Address of Repairers _____

Telephone Number : _____

ACCIDENT / INCIDENT

Date : ____/____/____ Time : _____ Place : _____

Own Speed : _____ Width of Road : _____

Road and Weather Conditions : _____

DRIVERS STATEMENT OF EVENTS: _____

Was the accident reported to the Police ? **YES / NO**

Details of Officer or Station : _____

OTHER PARTIES INVOLVED

Name and Address (Insurer if known)	Make of Vehicle	Registration Number	Details of Damage
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

WITNESS

Name : _____ Address : _____

FULL DETAILS OF OCCURRENCE _____

Are there any factors to be taken into consideration?:

Please Enclose COPY of TACHOGRAPH CHART OR DIGITAL CHART READOUT

SKETCH PLAN OF OCCURRENCE

Driver Signature

I/We declare that all statements made on this form are true and complete.

Date ____ / ____ / ____

Driver Signature _____

Client Signature

I/We declare that all statements made on this form are true and complete.

Date ____ / ____ / ____

Client Signature _____

DECLARATION

I/We declare that all statements made on this form are true and complete.

Date : ____ / ____ / ____

Signature of Insured _____