

# Verlingue Motor Accident Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: [newclaims@verlingue.com](mailto:newclaims@verlingue.com), or by telephone: 0333 010 0013

## Section A

### Policyholder

|                         |  |
|-------------------------|--|
| Name                    |  |
| Address                 |  |
| Telephone number        |  |
| Are you VAT registered? |  |

## Section B

### Driver or person in charge of the vehicle

|  |  |
|--|--|
| Name   |  |
| Address  |  |
| Phone number   |  |
| Date of birth  |  |
| Occupation   |  |
| Employed by the insured?   |  |
| Type of license?   |  |
| Date test passed for vehicle being driven (dd/mm/yy)                       |  |
| Any driving convictions?   |  |
| Details of convictions (date, offence code, number of points, fine)        |  |
| Are you going to be prosecuted for any offence relating to drink or drugs? |  |
| Are you aware of any Pending Prosecutions?                                 |  |
| Do you have any disabilities? If Yes, please provide details.              |  |

## Section C

### Witnesses

|   |  |
|---|--|
| Witness name  |  |
| Witness address   |  |
| Phone number  |  |
| Were there any passengers in your vehicle? If Yes, please provide their name and address. |  |

# Verlingue Motor Accident Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: [newclaims@verlingue.com](mailto:newclaims@verlingue.com), or by telephone: 0333 010 0013

## Section D

### Injured persons

Details of injured people (i.e., were they taken to hospital?)

## Section E

### Particulars of vehicle / accident

|   |  |
|---|--|
| Registration number                       |  |
| Year of make                              |  |
| CC's                                      |  |
| Make and model                            |  |
| Any vehicle modifications?                |  |
| Any finance interest?                     |  |
| Purpose of journey?                       |  |
| Date of accident?                         |  |
| Time of accident?                         |  |
| Location of accident?                     |  |
| What speed was your vehicle traveling at? |  |
| Who in your opinion is to blame?          |  |

Explain how the accident occurred:

|   |  |
|---|--|
| Has any photo or video footage been taken?  |  |
| If 'Yes' were the image or video files taken at the scene? If Yes, please forward the image/video file(s) with this form. |  |

# Verlingue Motor Accident Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: [newclaims@verlingue.com](mailto:newclaims@verlingue.com), or by telephone: 0333 010 0013

## Section F

### Police evidence

|   |  |
|---|--|
| Did the police take particulars?                            |  |
| If so, give details of police number, station and reference |  |
| Did the police witness the accident?                        |  |
| Any Notice of Prosecution?                                  |  |

## Section G

### Particulars of the third-party vehicle involved or other party damaged

|  |  |
|--|--|
| Name, address, telephone number of the Owner?  |  |
| Make, model and registration number  |  |
| Nature of damage?  |  |
| Details of third party insurers?   |  |
| Any notice of a claim against you?   |  |
| Approximate speed of other vehicle(s)  |  |
| Details of any passengers in third party vehicle, including gender and seating position. |  |

## Section H

### Sketches

Position before the accident:

# Verlingue Motor Accident Claim Form

**Please complete this form and send on to your Claim Handler or the Claims Team.**

The Claims Team details are as follows: Email: [newclaims@verlingue.com](mailto:newclaims@verlingue.com), or by telephone: 0333 010 0013

## Section H

Position after the accident:

## Section I

### **Particulars of the damage to your vehicle**

|   |  |
|---|--|
| Was there any damage to your vehicle sustained? |  |
| Is the vehicle in use?                          |  |
| Where is the vehicle?                           |  |
| Repairers name and address                      |  |

## Section J

**Please provide any further information which may be of use in deciding liability.**

# Verlingue Motor Accident Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: [newclaims@verlingue.com](mailto:newclaims@verlingue.com), or by telephone: 0333 010 0013

## Section K

### Declaration

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief.

I/we agree to provide insurers with any further information as they may reasonably request.

I/we understand that Verlingue Limited do not admit liability by the issue of this claim.

|           |  |
|-----------|--|
| Name      |  |
| Position  |  |
| Signature |  |
| Date      |  |