

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.co.uk, 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.	

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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 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.

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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:

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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.

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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	