

SECTION 1 – PLEASE COMPLETE IN ALL CASES – INCIDENT DESCRIPTION

Date of Accident

Time of Accident

Your Vehicle Registration No.

Policy/Certificate Number

Please briefly describe the incident (with diagrams where relevant)

Before the accident

After the accident

SECTION 2 – PLEASE COMPLETE IN ALL CASES – POLICY HOLDER DETAILS

Insured Name

Insured Address

Contact Preference Telephone Email SMS Fax Via Broker Other *(Please enter details below)*

Contact Details

Are you VAT registered? Yes No Are you able to recover VAT on new vehicles? Yes No

(Our preferred method of settlement is Electronic Funds Transfer which allows any payment to be transferred directly into your account. Please supply us with the following details of your bank account)

Bank Account Name

Bank Branch Sort Code

Bank Account Number

SECTION 3 – PLEASE COMPLETE IN ALL CASES – VEHICLE DETAILS

Make

Model

Year of Registration

Engine CC

Any Modifications from Standard? Yes No *(If yes please provide details)*

Who is the owner?

Who is the registered keeper?

Who is the main user of the vehicle?

SECTION 3 cont. – PLEASE COMPLETE IN ALL CASES – VEHICLE DETAILS

For what purpose was the vehicle being used for at the time of the incident?

Was a Trailer being towed? Yes No (If yes was the trailer damaged?)

Was any goods being carried? Yes No (If yes please provide details?)

Is the vehicle subject to (a) Hire Purchase or (b) leasing agreement? (a) (b)

(If you have selected either a or b, please provide name, address and agreement number)

SECTION 4 – PLEASE COMPLETE IN ALL CASES – DRIVER DETAILS

(This section must be completed, even if the driver is the policy holder and the vehicle was parked or stolen)

Name

Date of Birth

Driver Address

Occupation

Is the Driver Licence (a) full or (b) provisional? (a) (b)

Number of years licence held?

If an HGV licence please state class

Was the vehicle being used with the Insured's consent? Yes No

Contact Preference Telephone Email SMS Fax Via Broker Other (Please enter details below)

Does the driver have any disability that we have not been told about? Yes No

Does the driver have any convictions or impending prosecutions for motoring offences? Yes No

Offence Code

Date of Conviction

Penalty Points on licence

Fine

Category

Was this as a result of a fixed penalty notice? Yes No

If applicable, period of disqualification?

SECTION 4 – PLEASE COMPLETE IN CASES OF ACCIDENT

Accident Location

What were the weather and road conditions? Weather

Road

What speed were you travelling (a) prior to the incident

(b) at impact?

Do you believe the driver was at fault for the incident and if no, why?

Were there any passengers in your vehicle? Yes No

Were the passengers injured?

SECTION 5 – PLEASE COMPLETE IN CASES OF THEFT

Loss Location

If recovered, when did this happen?

SECTION 6 – PLEASE COMPLETE IN ALL CASES OF DAMAGE

Please describe the damage to your vehicle

Is the vehicle immobile? If yes, please advise the location of the vehicle

(If your vehicle is mobile and you are claiming for repairs, we will contact you to appoint one of our Approved Repairers. AXA repairers are authorised to start repairs immediately and offer a courtesy vehicle service. If an alternative repairer is requested, we will require a repair estimate. Please note that this can cause delays in the repair/claim process)

SECTION 7 – PLEASE COMPLETE IN ALL CASES – THIRD PARTY DETAILS

Name, address and telephone number of the other party involved

Vehicle, make, model and Registration Number

Name, address, telephone and policy number of the Insurers

Details of the Third party Damage

Were there any passengers in the other vehicle? Yes No *(Please provide name, address and contact details below)*

Was there any damage to any Third Party property (excluding vehicle, ie. premises, pillars, fences etc)? *(If yes please provide details)*

Were there any injuries to any of the parties involved? Yes No

(If yes, please provide details including name of hospital if known)

SECTION 8 – PLEASE COMPLETE IN ALL CASES INVOLVING POLICE OR WITNESSES

Were the Police present at the incident? Yes No *(If yes, please provide details including the police station address & reference number)*

Were there any witnesses present at the incident? Yes No *(If yes, please provide details including the name, address & telephone number)*

Declaration

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief. I authorise you to deal with this claim within the terms of my/our policy and admit liability on my/our behalf if appropriate.

I/we understand that you may seek information from other insurers to check the answers I/we have produced.

Driver's Signature

Insured's Signature

Date

Date



AXA Insurance UK plc

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