

Motor vehicle claim form

NB: This form must be completed by the driver. Please answer all questions. If not applicable, please write N/A.



Client number if known

Do you know you can send photos and receive claim notifications via the Rothbury App – Download it now!

1 POLICY HOLDER DETAILS

Surname of Insured or name of company

First name(s) of Insured

Address

Home telephone

Business telephone

Mobile telephone

Email address

Name of any other party with financial interest in the vehicle:

Is there any other insurance on the vehicle or accessories? ☐ Y ☐ N

INSURED VEHICLE

Make

Model and type (e.g. Van, Car, Artic, Flat top, etc.)

Year

Registration number

Has the vehicle been modified in any way?

☐ Y ☐ N If **yes**, please give details:

Is the vehicle a used import?

☐ Y ☐ N

Has the vehicle a current Warrant/Certificate of Fitness?

☐ Y ☐ N

2 PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE To be completed even if parked

Full name: (Mr/Mrs/Miss/Ms)

Date of birth

Address

Home telephone

Business telephone

Occupation

Relationship to Policy Holder

Driver licence number

Licence type:

☐ Full ☐ Restricted ☐ Learners Licence version

Licence expiry date Licence class

Date and country of issue

Was the vehicle being driven with the owner's consent?

☐ Y ☐ N If **no**, please give details:

Is he/she the main driver of the Insured vehicle?

☐ Y ☐ N If **no**, please give details:

If not the Policy Holder, do you own a vehicle?

☐ Y ☐ N If **yes**, name of Insurance Company:

Did the driver consume liquor and/or drugs (including medication) within 24 hours prior to the accident?

☐ Y ☐ N

Did the Police attend?

☐ Y ☐ N If **yes**, Police File No.:

Was a breathalyser or blood test, or any other such test done?

☐ Y ☐ N

During the past 5 years, have you:

i Been convicted of any offence other than parking?

☐ Y ☐ N If **yes**, type and penalty:

ii Had any other accident, loss or claim in connection with any motor vehicle?

☐ Y ☐ N If **yes**, brief details of year/cost/insurance co:

3 DETAILS OF OTHER PASSENGERS IN YOUR VEHICLE

Name

Telephone

Address

Name

Telephone

Address

4 DETAILS OF INDEPENDENT WITNESSES

Name

Telephone

Address

Name

Telephone

Address

