

# MOTOR CLAIM FORM

Our aim is to get you back on the road as soon as possible with the minimum of inconvenience.

Simply follow one of the three claim registration options below.

## Option 1

- Simply call our claims department 24 hours a day, 365 days of the year on 0345 900 4185, quoting your policy number and we will take the details of the claim from you and arrange for your vehicle to be collected by an AXA Approved Repairer.

## Option 2

- Complete this claim form and e-mail to [CMotor.NOL@axa-insurance.co.uk](mailto:CMotor.NOL@axa-insurance.co.uk). We will then contact you with your claim reference number by your preferred method of communication and arrange for the collection and repair of your vehicle by one of our AXA Approved Repairers.

## Option 3

- Complete the claim form and fax to 01440 760627. We will then contact you with your claim reference number by your preferred method of communication and arrange for the collection and repair of your vehicle by one of our AXA Approved Repairers.

AXA Insurance UK plc, Commercial Motor Claims, PO Box 7060, Willenhall WV1 9ZW. Tel: 0345 900 4185

For all Motor Trader claims, please send your claim form to the following address.

Please do not e-mail or fax these to the address and number quoted in option 2 and 3.

AXA Insurance UK plc, Motor Trade Claims, PO Box 654, Bolton BL6 4SD. Tel: 0370 900 1753

## Our Service Promise

- On receipt of the claim form we will contact you between 8am – 6pm, Monday to Friday (excluding bank holidays), in order for an AXA Approved Repairer to collect your vehicle
- BSI Kite marked Approved Repairers and a lifetime guarantee on repairs
- All Approved Repairers are authorised to start work on repairable vehicles immediately
- Provide a quality service
- Our approved repairers will provide a courtesy vehicle for the duration of repairs, medium sized car or small van (e.g. Ford Transit Connect)
- Provide repair progress updates

(If an alternative repairer is required, please note this can cause delays to the repair/claim process)

## General

- To help us deal with your claim as quickly as possible PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS, and sign and date this form.
- All incidents MUST be advised to the Company immediately whether or not it is your intention to make a claim against your policy.

## Claims & Underwriting Exchange

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident we will pass information relating to it, to the register.

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). This may be consulted by:

- a) the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime
- b) other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information if you have been involved in an accident in the UK or abroad
- c) the DVLA and DVLNI for the purposes of Electronic Vehicle Licensing
- d) persons pursuing a claim in respect of a motor traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

You should show this notice to anyone insured to drive the vehicle(s) under this policy.

You can find out more about the Motor Insurance Database and its use by contacting AXA or at [www.miic.org.uk](http://www.miic.org.uk)

## 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 at the time of the incident?

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

Were 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 5 – 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 6 – PLEASE COMPLETE IN CASES OF THEFT

Loss Location

If recovered, when did this happen?

### SECTION 7 – 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 8 – 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 9 – 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

Date

Insured's Signature

Date