



Motor Accident  
Claim Form

Agricultural  
Commercial  
& Private  
Vehicles



## Guidance Notes

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

**IMPORTANT: PLEASE READ CAREFULLY** Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to your Insurance Broker, who arranged this insurance for you. They will forward it to Towergate AIUA.

INSURANCE BROKER DETAILS			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

### To be completed by the claimant

If you are unable to complete this form personally, it may be completed on your behalf.

Policy No.	<input type="text"/>	Policyholders Name	<input type="text"/>
Insured Person's full name (including any titles)	<input type="text"/>		
Date of Birth	<input type="text"/>	Occupation(s)	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>

### ACCIDENTAL DAMAGE TO YOUR VEHICLE

Vehicle Make	<input type="text"/>	Model	<input type="text"/>
Registration No.	<input type="text"/>	Year of manufacture	<input type="text"/>
Value	£ <input type="text"/>	Mileage of the vehicle	<input type="text"/>
Name of Registered Keeper displayed on the V5 Documents	<input type="text"/>	Name of any finance or Leasing Co.	<input type="text"/>
If claiming in respect of damage to a Trailer/Attachment please advise whether at the time of the incident the item was attached or detached and out of use.			<input type="text"/>
If attached, please confirm the registration of the vehicle it was attached to.			<input type="text"/>
Please advise of any factory fitted extra's or vehicle enhancements	<input type="text"/>		

## Driver Details

Driver Name		Address			
Post Code		Tel. No.		Date of Birth	
Date UK driving test passed		Categories entitled to drive			
Details of accidents in the last 3 years					

Is this driver the main user of the vehicle?				
Details of all motoring convictions				
Was vehicle being driven with insured's permission?	YES	NO		
Was the driver an employee of the insured?	YES	NO		
Purpose of the journey?				

## Accident Details

Please provide a full description/details of the damage to your vehicle				
Is the vehicle drivable?	YES	NO		
Is this an ingestion claim? (Agricultural Vehicles/Attachments only)	YES	NO		
If yes, were protection devices (e.g. slip clutch, shear bolt) in operation?	YES	NO		
Repairer name and address				
Email		Tel. no.		
Where is the vehicle at present?				
Is the vehicle incurring storage charges	YES	NO		

**If claiming for the damage sustained to your vehicle please support this document with a copy of the repair estimate.**

Please provide full details of the accident including a sketch plan indication direction of travel, position of vehicles, width of road, road signs or warnings (use a spare sheet of paper if necessary)				
Date		Time		Location
Please state: Weather conditions		Speed limit		Speed of vehicle at the time of the accident
If an agricultural vehicle, was it being used for contracting purposes?	YES	NO	What was the nature of the trip?	
Did the police attend?	YES	NO	Accident No.	
Police Station address and attending officer details				

**THIRD PARTY MOTOR CLAIM - Details of other persons involved**

Please forward all third party correspondence you may receive to us promptly and unanswered

Name of Third Party		Tel. No.		Mobile No.	
Address				Postcode	
Insurers name		Address			
Policy number		Cover details			
Vehicle make		Model		Registration no.	
Are you aware of the third party requiring a courtesy car/vehicle				YES	NO

**Description of damage to the third party vehicle (Please continue on a separate sheet if necessary)**

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**Witness Details**

Witness 1	Name and Address	
Witness 2	Name and Address	

Who do you consider to be at fault for this incident & why?

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Details of injured persons					
Please give name				Age	
Address			Gender	Male	Female
Vehicle Registration (or details of vehicle, if not known)					
Details of injury (Please continue on a separate sheet if necessary)					

**Value Added Tax (Legal/ Professional Representation).**

Are you VAT registered? YES  NO

Can you recover 100% VAT for this claim ? YES  NO

If not, what percentage can you recover  %

**Please read these notes carefully and complete the questions as appropriate**

- a It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax.
- b These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- c If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- d We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

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. We will pass information relating to this incident to the registers.

**DECLARATION**

**I/We** understand that in handling this claim, Towergate AIUA (a trading name of Towergate Underwriting Group Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

**You must read the declaration before signing**

Signed  Date

**Towergate AIUA**, Grimbald Crag Close, Knaresborough, HG5 8PJ, **T: 0844 346 0411 F: 0844 346 0412**, email [aiua@towergate.co.uk](mailto:aiua@towergate.co.uk) [www.towergateunderwriting.co.uk](http://www.towergateunderwriting.co.uk)

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## **IMPORTANT NOTICE TO ALL CLAIMANTS**

**In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.**

**Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address ensuring our claims reference is quoted.**

**Towergate Underwriting Group Ltd utilise an encrypted email system, but if your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.**

**Please detach the final page if details regarding your claim need to be completed by your vet, doctor or other such professional, due to the sensitive data contained.**

<b>Name of Bank</b>	
<b>Branch</b>	
<b>Sort Code</b>	
<b>Account No.</b>	
<b>Account Name</b>	
<b>Claims Reference</b>	

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