

## MOTOR CLAIMS FORM

### Policy Information

Policy number

Name of policyholder

Address

City

County

Post Code

Telephone number

VAT registered

 Yes  No

If **YES**, please give VAT number

### Vehicle Details

Registration number

Make

Model

Date of registration

Current value

Has the vehicle been modified from  
manufacturer's standard

 Yes  No

If **YES**, please give details

Do you own the vehicle

 Yes  No

If **NO**, please give details

Does an HP or leasing company have an  
interest in the vehicle

 Yes  No

If **YES**, please give details

Who is the registered keeper

### Details of Accident

Date

Time

Location

Who was at fault for the accident?

Speed of your vehicle prior to impact

Brief details

Note: If you were completely responsible for the accident described above, please sign this declaration.  
I authorise Specialist Risk to admit liability on my behalf/benefit of the Company for the above accident.

Signed

Position

Date

## Driver Details

Name

Date of Birth

Address

Date passed UK driving test

Motor claims in last three years

Telephone number

Occupation

Motoring convictions/pending convictions in the last three years

## Use of the Vehicle

Please state the exact purpose for which the vehicle was being used at the time of the incident (Private is not sufficient)

## Damage to your Vehicle

None

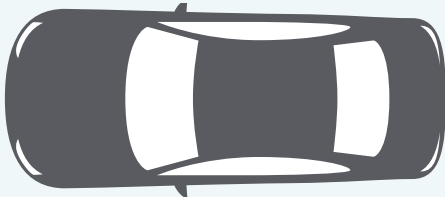
Minor

Serious

Vehicle Immobile

Brief description of damage

Indicate areas of damage



### Is your vehicle

a) In Use?

b) At an Approved Repairer?

c) Elsewhere

If b or c, state location address of vehicle

## Other Vehicle Involved

Registration number

Telephone number

Owner's name and address

Driver's name and address

Insurance company name and address

Policy number

Brief description of damage

### Witnesses

In your vehicle

Name

Address

Did police attend?

 Yes  No

PC name, number, police station etc.

Was anybody cautioned, breathalysed?

 Yes  No

Details

Independent

Name

Address

Was anybody injured (other than the driver)

 Yes  No

Details

### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

- 1) I/We authorise Specialist Risk or Insurers to settle this claim on my/our behalf. I/We undertake to provide whatever assistance I/we are able to give as may be required by Specialist Risk or Insurers. I/We authorise any solicitor nominated by Specialist Risk or Insurers to sign any Court document on my/our behalf.
- 2) I/We believe that the above statements are true to the best of my/our knowledge and belief.
- 3) I/We have read and understood the declarations above.
- 4) I/We understand that you may ask for information from other Insurers to check the answers I/We have provided.

Signature of  
policyholder

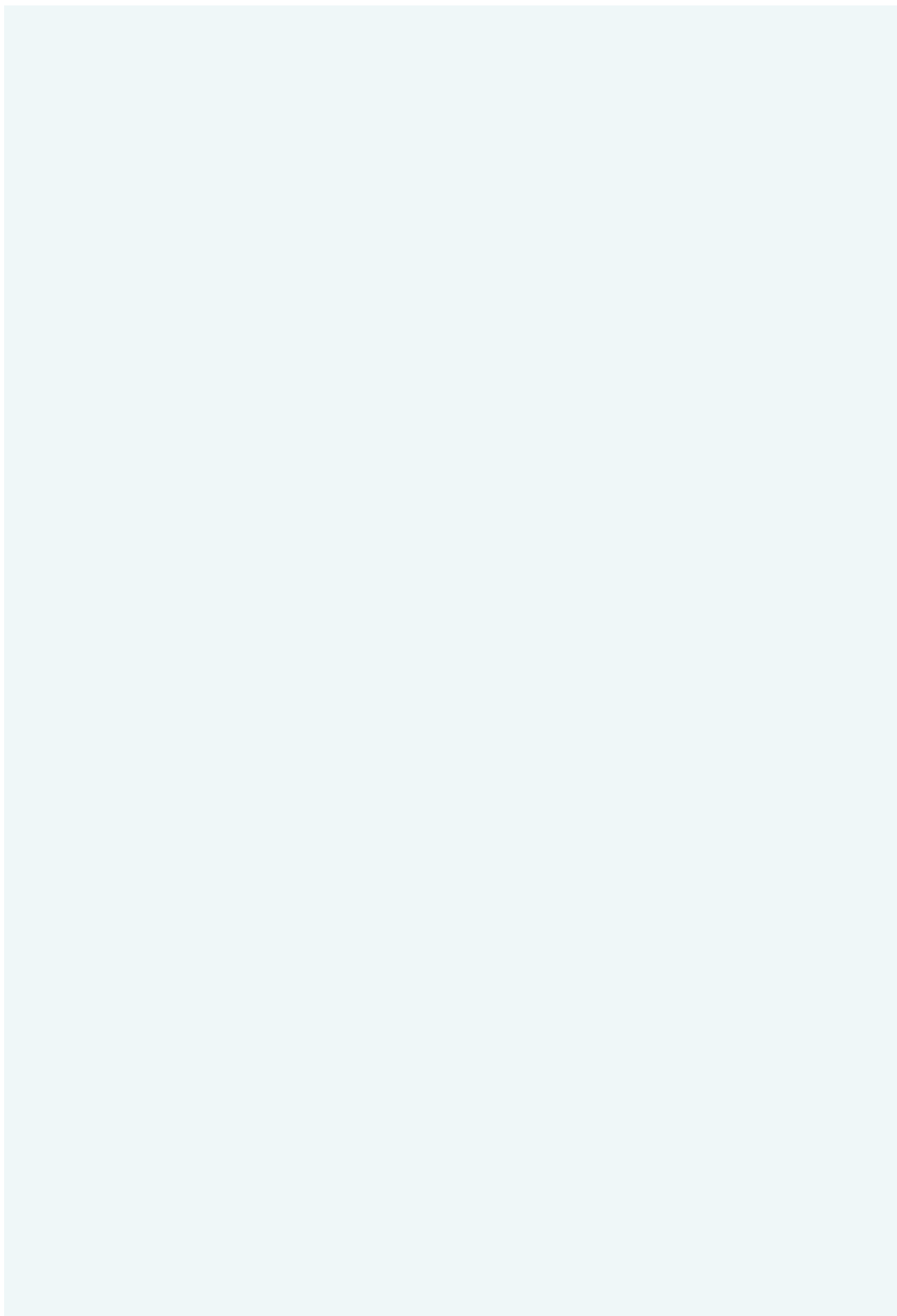
Date

Please complete this form and return it to the Specialist Risk claims team at your earliest convenience

[claims@specialistrisk.com](mailto:claims@specialistrisk.com)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS). 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 immediately about any incident which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Please sketch a plan/diagram of the incident (showing vehicles, road markings, signs and directions of travel with measurements if known). You may use a separate sheet of paper if necessary



## Circumstances of incident (state fully what happened)

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Please explain in your own words in the 'Defendant's Version of Events' space provided below to cover the following points:

- What happened, including events leading up to the accident, the impact itself and what happened afterwards, to include any conversations held with other vehicle occupants.
- Please describe weather conditions, road condition, streetlights and general visibility
- How did you obtain the third party details? Were any documents exchanged? If so please enclose copies.
- Did you see how many occupants were in the other vehicle/s? If yes, did you approach the vehicle and get a clear look inside? Did you see anyone leave the scene at any point?
- Were any of the occupants of any of the other vehicles known to you prior to the incident and, if so, in what capacity?
- Which address were you headed to/from and what was the purpose of the journey?
- Can you advise precisely where the collision occurred to include street name, residential area, single/dual carriageway, general surroundings? (Include where the vehicles were in the road at the time of impact and where the vehicles sustained damage)
- Please confirm the number of impacts felt
- Did anyone admit liability afterwards?
- Who do you believe was at fault for the accident?
- Did you have any concerns about any of the events of the incident including the behaviour of any of the parties or their driving style?
- Did you see whether all parties, including those in your own vehicle, were wearing seatbelts at the time?
- Did you notice any old, non-incident related damage to any of the vehicles involved in the incident? If so, please describe.
- Did any of the occupants of any of the vehicles involved appear to be injured at the scene or did anyone complain of injury?
- Did you yourself sustain any injury or experience unusual movement as a result of the collision?
- Do you have any dashcam footage/telematics data you can send to us?
- Did you take any photos at the scene? If so, please provide these.
- **If necessary, are you willing to attend Court to give evidence?**



**Defendant's Version of Events**

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My version of events is as follows:



Declaration     **Statement of Truth:** I believe that the facts stated in this Defendant's Version of Events are true. I understand that proceedings for contempt of court may be brought against me if I make, or cause to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signature

Date

Name

## Drivers Statement

(prepared in contemplation of litigation)

I (name)

of (address)

Telephone number (own)

Other contact number

Do make this statement following a road  
traffic accident on (date)..

..with the third party I now know as  
(name)

of (address)

**The Facts** (In your own words, tell us exactly what happened including details of cars involved etc.)

Sketch of accident location

## STATEMENT OF TRUTH

Proceedings for contempt of court may be brought against anyone who makes or causes to be made a false statement in a witness statement verified by a statement of truth.

- 1) I authorise any solicitor nominated by Specialist Risk or Insurers to sign any Court document on my behalf.
- 2) I believe that the facts stated in this witness statement are true.
- 3) I have read and understood the declarations above.

Signature

Date

## **DRIVERS STATEMENT - NOTES FOR POLICYHOLDERS**

Changes in the civil justice system (Whiplash reforms) in the UK are aimed at making the resolution of disputes quicker, cheaper and simpler by shortening time limits available for investigations and promoting earlier settlements.

It is therefore vital for insurers to get the full details of any accident quickly, so they can deal with the claim as effectively as possible. The purpose of the above Statement is to record some specific details and the circumstances of any accident.

**The Driver should note and understand that proceedings for contempt of court may be brought against anyone who makes or causes to be made a false statement in a witness statement verified by a statement of truth.**

- 1) The driver of the vehicle at the time of the accident should complete this Statement as soon after the accident as possible, while the incident is still clear in their mind.
- 2) Make sure that the driver keeps the facts of the accident accurate and to the point. We want to establish what actually happened.
- 3) The driver should indicate who he/she believes is responsible for the accident and why. (E.g. "I hold the other driver wholly responsible for the accident as he pulled out in front of me/drove into the rear of my vehicle/did not signal his intentions/was going too fast... etc.")
- 4) If the driver believes he/she is at fault for the accident, then he/she should say so clearly. However, they should understand that such a statement will **BE BINDING AND CANNOT BE RETRACTED AT A LATER DATE.**
- 5) The driver should sign and date this Statement.

Insurers pass information to the Claims and Underwriting Exchange Register (CUE) and the Motor Insurance Anti-Fraud and Theft Register (MIAFTR), where the data is controlled by the Motor Insurers' Bureau (MIB) and other relevant databases. The aim is to help us to check information provided. 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.

In order to prevent and detect fraud we may at any time:

- a) check your personal data against counter fraud systems;
- b) use your information to search against various publicly available and third party resources, use industry fraud tools, including undertaking credit searches, and to review your claims history;
- c) share information about you with other organisations including but not limited to the police, the Insurance Fraud Bureau (IFB), other insurers and other interested parties.

If you provide false or inaccurate information and fraud is identified, the matter will be investigated and appropriate action taken. This may result in your case being referred to the Insurance Fraud Enforcement Department (IFED) or other police forces and fraud prevention agencies. You may face fines or criminal prosecution. In addition, Zurich may register your name on the Insurance Fraud Register, an industry-wide fraud database.