

KGJ CLAIMS MANAGEMENT

Three Charter Court, Broadlands, Wolverhampton, WV10 6TD

Tel: 01902 796 786 Fax: 01902 796 799

Email: claims@kgjgroup.co.uk

MOTOR CLAIM FORM

| | | | | | |
|---------------|--|-----------------|--|-------------|--|
| Policy number | | Claim Reference | | Client Code | |
|---------------|--|-----------------|--|-------------|--|

INSURED

| | | | | | |
|------------------|--|--|--------------------|-----------|--|
| Name | | | | | |
| Address | | | | | |
| | | | | Post code | |
| Telephone Number | | | VAT registered Y/N | | |

ACCIDENT LOCATION

| | | | | | |
|--------------------|--|------|--|--|--|
| Date | | Time | | Who do you consider to blame for the accident? | |
| Accident Location | | | | | |
| | | | | | |
| Weather conditions | | | | Speed limit | |

VEHICLE

| | | | | | |
|----------------------|--|--------------|--|---------------------|--|
| Type | | | | | |
| Make and model | | Vehicle c.c. | | Year of manufacture | |
| Registration number | | | If vehicle is leased, pls give details | | |
| Number of Passengers | | | | | |

DRIVER

| | | | | | | |
|--|--|------------|----------------------|-------------|-----------------------|--|
| Title | | First Name | | Surname | | |
| House Number | | | | Street Name | | |
| Town | | | | City | | |
| Post Code | | | | | | |
| Telephone number | | | Date of Birth | | | |
| Is driver employed by you? | | | | | | |
| Purpose of journey | | | | | | |
| Any convictions for motoring offences? | | | Any charges pending? | | | |
| If so, state details and dates | | | | | | |
| Type of licence | | | Years held | | If HGV Pls give class | |

OWN DAMAGE

| | | | | | |
|--|--|--|---|--|--|
| Description of damage | | | | | |
| Approximate cost of repair £ Please attach estimate if obtained | | | Please state if approved repairer required | | |
| Where can it be inspected? | | | | | |

KGJ Claims Management is the dedicated claims division of the KGJ Insurance Group, providing claims and loss management services to the following companies:-



KGJ Claims Management is a trading style of KGJ Commercial Insurance Services Limited
Authorised and Regulated by the Financial Services Authority. Company Registration No. 3618075 Registered in England

Third Party Immediately involved

| | | | |
|---------------------------|--|----------------------|--|
| Name | | | |
| Address | | | |
| Vehicle Reg, Make & Model | | Number of Passengers | |

OTHER VEHICLES INVOLVED (Please complete details below for each vehicle involved, continue on separate sheet if required)

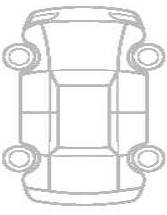
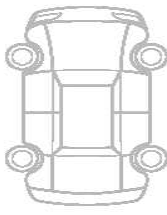
| | | | |
|-----------------------------|---------|-------------------|--|
| Name and address | | | |
| Title | Initial | Surname | |
| House Number | | Street Name | |
| Town | | Postcode | |
| Registration number | | Make and model | |
| Insurer's name | | Insurer's Address | |
| Policy / Certificate number | | Apparent damage | |

PROPERTY DAMAGED/INJURED PERSONS (Important: Please state number of passengers in each vehicle involved- this is vital in the fight against fraud)

| | | | |
|---|---------|------------------|--|
| Title | Initial | Surname | |
| House Number | | Street Name | |
| Town | | Postcode | |
| Description of property | | Extent of damage | |
| Injured persons: State name and address (wheth. driver, pedestrian); details of injury; medical attention needed; name of hospital | | | |
| | | | |

WITNESSES Please state whether independent or passengers in your vehicle

| | | | | |
|---------------------------|--|--------------------|--------------|--------------------------|
| Name | | | Telephone No | |
| Address | | | | |
| Were the Police informed? | | Did they attend? | | Are proceedings pending? |
| Name & Address of Station | | Name of Officer(s) | | |
| Crime Reference Number | | | | |

| | | |
|--|--|---|
| Sketch & description of Accident – Please show as much detail as possible. Continue on separate sheet if required. | Damage to your Vehicle  | Damage to Third Party Vehicle  |
| | | |

| | | | |
|---|--|--|------|
| I declare that all answers are true and correct | | | |
| Signature | | | Date |