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| **A blue text on a black background  Description automatically generated with low confidence****PERSONAL INJURY CLAIM FORM** |
| Please confirm the names, addresses and tel. no’s of all injured parties (continue on a separate sheet if necessary) |
| **1st Person**Name/Address:  | **2nd Person**Name/Address:  |
| Postcode: Telephone Number:Nature & Extent of Apparent Injuries: | Postcode:Telephone Number:Nature & Extent of Apparent Injuries: |
| Taken to Hospital: YES [ ]  NO [ ]  Detained: YES [ ]  NO [ ]  Name & Address of Hospital: | Taken to Hospital: YES [ ]  NO [ ]  Detained: YES [ ]  NO [ ]  Name & Address of Hospital: |
| **WITNESSES** |
| Please confirm the names, addresses and telephone numbers of all witnesses to the incident (Please indicate if any of them are known to your driver): |
| Name/Address:Post Code:  | Telephone No: | Name/Address:Post Code: | Telephone No: |
| **POLICE** |
| Did the police take details of the incident? YES [ ]  NO [ ]   | If ‘’Yes’’ please give details below: |
| Officer’s Name: |  |
| Station Address: |   Officer’s Number: |
| Did you make a written statement? YES [ ]  NO [ ]   | Was anybody cautioned? YES [ ]  NO [ ]  If ‘’Yes’’ please give details below: |

We certify that the above statements are true to the best of my/our knowledge and belief and I/we agree to forward to, my/our Company immediately on receipt and unanswered all correspondence received my me/us in connection with this occurrence with my/our Policy Conditions and I/we agree that my/our Solicitors Instructed by them shall have discretion in the negotiation and settlement of third party claims and that I/we will afford them reasonable co-operation. I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Please note that failure to complete this document correctly may result in a delay in the handling of your claim.

**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.**

Signature ........................................................................................................... Date............................................................................................

Print Name………………………………………………………………………………