

CLAIM FORM

DRIVERS NEGLIGENCE

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Please answer all questions on this page as fully as possible and all relevant section on other pages

Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate

THE INSURED	
Policy Number	
Insured Name	
Address	Post Code:
Telephone	
Email	
Business	

THE EVENT	
Date and Time	am/pm*
Make and Model	
Vehicle Type/Class	
Registration	
Registered Owner	
Name of Driver	
Driver Contact Information	
Were any faults and/or damage recorded on this vehicle prior to the incident	YES/NO*
Has the registered owner of the vehicle made a separate claim on their Motor Policy?	YES/NO*
If YES, please detail	
Date and time of last inspection prior to the Incident	am/pm*

Location of Incident	
Weather/Road Conditions	
State fully what happened	

Please draw the site of the incident below, taking care to include details of any obstacles, and make clear the direction of travel of all parties (if more space is needed, please use a separate piece of paper).

Please mark the area of damage on diagram below:



If the Police were involved, please advise the name of the station and the responding officer's name(s)/ number(s)	
Please provide the name and contact details for any witnesses to the event	
Have any injuries been reported?	YES/NO*
If YES, please provide details of the injured party(ies), including name, contact information, details of the injury and the nature of their involvement in the incident	

DECLARATION	
I/We declare that to the best of my/our knowledge and belief the above is a full and accurate statement	
Name (printed)	
Position	
Signature	
Date	

HEAD OFFICE:

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