

## **Motor Insurance Claim Form**

This form is to be completed for claims made under the council's motor insurance.

This includes claims for damage to council owned vehicles that form part of the council fleet along with claims for incidents from third parties involving council owned vehicles.

### **Notes on making a Claim:**

- Please read this form carefully before completing it.
- The form must be completed in full. Please write in block capital letters but sign the form in your usual handwriting.
- Incomplete forms may delay the processing of your claim.
- All claims must be notified to the council within 5 working days of the date of accident. Late reporting of claims could result in claims not being accepted.
- The form must be completed using BLACK pen only
- The driver must supply a copy of their full driver's license (including separate counterpart). Claims are not able to be considered until a copy of the license is supplied, and failure to supply a copy of the license may result in claims not being accepted.
- If you receive any communication from the third party or their representative (insurer, solicitor etc) this must be forwarded to Camden Transport.

**PLEASE RETURN THE COMPLETED FORM TO:**

**Camden Transport  
7 York Way  
London N1 0BE**

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**SECTION 1 – OUR DRIVER**

Title: Mr / Mrs / Miss / Ms / (please circle)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ DAYTIME Contact Telephone Number: \_\_\_\_\_

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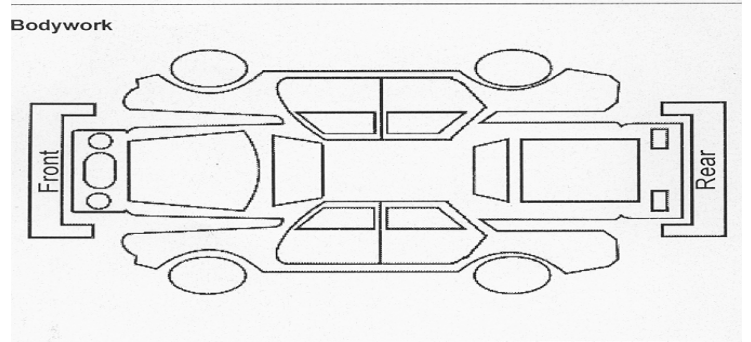
**SECTION 2 – OUR VEHICLE**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Reg Number: \_\_\_\_\_

Mark the location of damage to our vehicle:



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**SECTION 3 – THIRD PARTY DRIVER**

Title: Mr / Mrs / Miss / Ms / (please circle)

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

DAYTIME Contact Telephone Number: \_\_\_\_\_

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**SECTION 4 – THIRD PARTY VEHICLE**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Reg Number: \_\_\_\_\_

Mark the location of damage to TP vehicle:

Does the TP Driver own the vehicle? Yes/No  
(Please delete as appropriate)

If no, provide details of the owner:

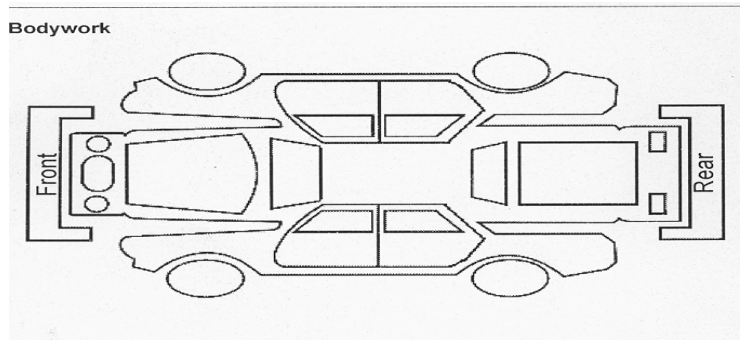
Title: Mr / Mrs / Miss / Ms / (please circle)

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ DAYTIME Contact Telephone Number: \_\_\_\_\_



**SECTION 5 – DETAILS OF ANY INJURY**

Please describe any personal injury sustained by any party involved in the accident: *(continue overleaf if necessary)*

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**SECTION 6 – WITNESSES**

Were there any witnesses to the incident? Yes / No (Delete as appropriate)  
*If yes, please supply their details as we may need to approach them for a statement.*

**Witness 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Witness 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**SECTION 7 – PARTICULARS OF INCIDENT**

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of incident: \_\_\_\_\_ am / pm

**EXACT** location of incident:

**Please be as detailed and precise as you can;** include any relevant road or street names, shop or house numbers, and any landmarks or features. (e.g. "opposite Sainsbury's" "Outside No 23" "Euston Road junction with York Way")

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Please provide full details of the incident: *(continue on a separate sheet of paper if necessary)*

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Were any signals/indicators used: \_\_\_\_\_

Were Headlights on: \_\_\_\_\_

Did the Police Attend? Yes / No (Delete as appropriate) If so give:

Officers Name: \_\_\_\_\_ Station: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Please provide a sketch plan of the incident:

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**SECTION 8 – WEATHER CONDITIONS**

**Visibility:**

- |                 |                          |                  |                          |
|-----------------|--------------------------|------------------|--------------------------|
| Good            | <input type="checkbox"/> | Poor             | <input type="checkbox"/> |
| Daylight (Good) | <input type="checkbox"/> | Daylight (Poor)  | <input type="checkbox"/> |
| Lamp posts lit  | <input type="checkbox"/> | Lamp posts unlit | <input type="checkbox"/> |

**Road Conditions:**

- |     |                          |      |                          |
|-----|--------------------------|------|--------------------------|
| Dry | <input type="checkbox"/> | Snow | <input type="checkbox"/> |
| Wet | <input type="checkbox"/> | Ice  | <input type="checkbox"/> |
| Fog | <input type="checkbox"/> |      |                          |

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**SECTION 9 – ANY OTHER RELEVANT COMMENTS YOU WISH TO MAKE** *(continue overleaf if necessary)*

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**SECTION 10 – DRIVERS DECLARATION**

I declare to the best of my knowledge that all the answers given are true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Line Manager: \_\_\_\_\_

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