

	 <b>ircm</b> Marine & Specialist	
	<b>INSURANCE RISK &amp; CLAIMS MANAGEMENT LTD</b>	
	Commercial Lines Broker of the Year 2010 Finalist Schemes Broker of the Year 2010	

### MOTOR CLAIM FORM

Policy number	Claim Reference	Client Code
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#### ACCIDENT LOCATION

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

#### INSURED

Name			
Address			
	Post code		
Telephone Number	VAT registered Y/N		

#### 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?		

**Claim Line – Tel: 01902 796 793 Fax: 01902 796 799**  
**Insurance Risk & Claims Management Limited**  
**Three Charter Court, Broadlands, Wolverhampton, WV10 6TD**

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)

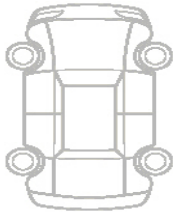
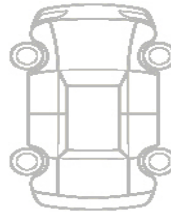
Title	Initial	Surname	
House Number		Street Name	
Town		Postcode	
Description of property		Extent of damage	
Injured persons: State name and address (wheth. driver, pedestrian); details of injury; medical attention needed; name of hospital			

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			

<b>Sketch &amp; description of Accident –</b> Please show as much detail as possible	
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<p><b>Third Party Vehicle</b></p> 	<p><b>Your Vehicle</b></p> 
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I declare that all answers are true and correct

Signature		Date	
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