

## MOTOR TRADE CLAIM FORM

First Response Claims Line 0845 373 1300 • Fax 020 7068 7740 • Email [claims@tradex.com](mailto:claims@tradex.com) • [www.tradex.com](http://www.tradex.com)

Policyholder's Name

Company Name

Policy No. (cover note if applicable)

Cover Applicable

Comprehensive  Third Party Fire & Theft  Third Party Only

Broker/Agent (if applicable)

### IMPORTANT

**We wish to process your claim as quickly as possible. Therefore please ensure:-**

- All questions are fully answered
- All required documents are enclosed
- A copy of the drivers licence must accompany this form
- Return completed form to Tradex, PO Box 31116, London E14 9GL

**Failure to do so will delay the claim. If in doubt please telephone our First Response Claims Line.**

# MOTOR TRADE ROAD RISK CLAIM FORM

WARNING: It is a criminal offence to fraudulently present or exaggerate a claim. All questions must be answered and the claims form signed and your signature witnessed.

## INSTRUCTIONS ON COMPLETION

This is a multi-purpose claim form, please complete those sections which you feel are relevant and if further explanation is necessary show in the additional information section or on a separate page. For guidance complete the following:

<b>Road Accident</b>	Complete all sections but omit section 8
<b>Parked Vehicle Damage</b> <b>Fire</b> <b>Theft</b> (if vehicle is stolen and not recovered) <b>Malicious Damage</b> <b>Impact Damage</b>	Complete all sections but omit sections 5/6/7

## 1 POLICYHOLDER

Full Name  Trading Name

Address (Private)

Post Code

Telephone  Fax  Email  Mobile

Business Address

Post Code

Telephone  Fax  Email  Mobile

Full Time Occupation  Part Time Occupation

Are you registered for VAT YES  NO  VAT STATUS Full / Partial recovery VAT Number

## 2 DRIVER DETAILS or last person in charge of the vehicle (this relates to Fire and Theft claims as well)

Full Name

Address

Post Code

Home Telephone  Occupation

Driving Licence Number  Date Test Passed  Date of Birth

Type of Licence  Other Licences held HGV  PSV

**A clear photocopy of your driving licence must accompany this form (also include paper counterpart if you have a new style licence), delay will occur if omitted.**

Give details of previous accidents or convictions including non-motoring offences (which are not spent) or any losses in connection with a motor vehicle. If NONE, state NONE.

Date	Circumstances	Cost / Fine

continued overleaf...

## 2 CONTINUED

Give details of any physical defects or infirmity. If NONE, state NONE

Has insurance ever been refused or cancelled YES  NO  If YES, give details

State driver's relationship to Policyholder (e.g. Self, Wife, Son, Friend, Employee, Customer)

Was vehicle being used with Policyholder's consent YES  NO  Is driver insured for any other vehicle with another insurer YES  NO

If YES, give name of insurer  Policy Number

## 3 USAGE OF VEHICLE State exact use of the vehicle at the time of the accident or loss. (The answer 'Private' is not sufficient)

Usage

State details of journey: Travelling from  Going to

State nature and weight of goods carried  How many passengers were being carried

Gross vehicle weight (for commercial vehicles only)

Was the vehicle being driven under trade plates YES  NO  If YES, give registration number

Does the vehicle hold a current road fund licence YES  NO  Expiry  MOT Certificate expiry

## 4 PARTICULARS OF VEHICLE / OWNERSHIP

Vehicle Make / Model  Registration Number  Colour

Year  CC  Value £  Date of Purchase  Price Paid £  Mileage

Who owns the vehicle

Policyholder  Customer  Relative / Friend / Family  Sale or Return / Demonstration vehicle

Employee / Employer  Repossession / Delivery  Other (eg Finance House / Leasing Company)

Name of Owner / Customer

Address

Post Code

Telephone (home)  Telephone (business)

If vehicle was temporarily in your possession for a purpose, please give time and date that it came into your possession

For what purpose was the vehicle in your possession

When were you due to hand back the vehicle to its owner

Up to time of accident / loss, what work had been carried out on vehicle

Monetary value of such work £

**If vehicle is owned by Policyholder but not yet registered (i.e. stock vehicle) answer following questions**

A Who paid for the vehicle Policyholder  Named driver  Other (specify)

B Relationship to vendor (if any)

C If log book is not in the vendors name state reason if known

## 5 DATE AND PLACE OF ACCIDENT OR LOSS

Date  Time  Weather Conditions  Road Conditions

Exact location (Road, Town / County)

Speed limit of road

Width of road

Insured Vehicle

Third Party Vehicle

Speed of vehicle prior to accident

Distance from nearside kerb

What lights were displayed

What signals were given

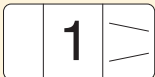
What warnings were given

Who was to blame for the accident in your opinion and why

Describe fully how the accident occurred

**SKETCH PLAN** Please draw a sketch of the road(s) showing the position of the vehicles at the point of impact. Indicate direction by arrows. Please show road signs / markings and directions of nearest towns.

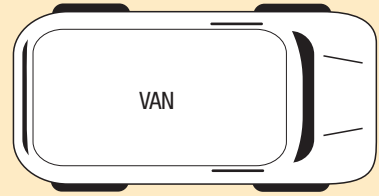
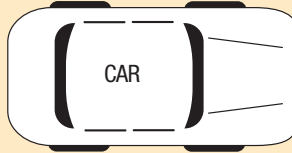
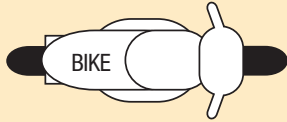
Show your vehicle thus:



## 6 DAMAGE TO YOUR VEHICLE

Show area of impact thus x x x

FRONT →



Estimate cost of repair £  Describe damage to vehicle

Address where vehicle can be inspected

Post Code

Telephone  Is vehicle at repairer's now YES  NO  If not, when will it be there

## 7 THIRD PARTY DETAILS / WITNESSES / POLICE DETAILS

Make and Registration Number of other Vehicle(s)	Name and Address of Owner or Driver	Details of Insurers / Policy Number	Damage to their Vehicle	No of Occupants in the Vehicle

Witnesses

Name and Address of own Passengers in your Vehicle	Name and Address of any other Independent Witnesses

continued overleaf..

## 7 CONTINUED

Was the accident reported to the police YES  NO  If YES, what was the Reporting Officers Name and Number

Police station (with address)

Any prosecution pending YES  NO  If YES, give full details

How many occupants in each vehicle

Was any person breathalysed YES  NO  If YES, who  Result of test POSITIVE  NEGATIVE

Was any person injured YES  NO  If YES, who Own Passengers  TP Occupants  Pedestrian  Pedal Cyclist  Give details below

Name	Address	Approx Age	Nature of Injuries	Seat Belt Worn YES / NO

Was any person taken to Hospital YES  NO  Were they detained YES  NO  Has any claim been made against you YES  NO

If YES, Name and Address of Hospital

Is any other prosecution of the policyholder's driver likely YES  NO  (i.e. careless driving, failing to stop / report, dangerous or unsecured load, unsafe vehicle, no MOT)

If YES, please specify

## 8 FIRE AND THEFT (ALL CLAIMS) and malicious / accidental damage claims occurring on or about Trade Premises or your home address

Address at which loss occurred

Post Code

Date of loss  Time of loss

If within premises, state type of property Private House  Lock Up Garage  Workshop  Warehouse  Lock Up Yard

Showrooms  Private Car Park  Public Car Park  Open Site or Land  Sales Forecourt  Other

Was the vehicle(s) actually on the premises or some distance away from premises On premises  Away from premises  metres away

Who owns / occupies the premises Yourself  Members of your family  Friends  Employees  Another trader or sub contractor

If another, give name of owner of property

How long have the premises been occupied by them  For what purpose was the vehicle parked there

continued overleaf...

## 8 CONTINUED

How long had the vehicle been parked at this location

When was it your intention to collect the vehicle / drive it again

Do you normally park vehicles there YES  NO  If YES, total value of all vehicles parked there at the time of loss £

When did you discover the loss

Name of Police station reported to

Address

Officers name and number  Incident number  Date and time notified

State circumstances of theft, malicious damage or cause of fire

State names / addresses of any other person having knowledge of fire / theft or circumstances

If theft, were all doors / windows locked and in working order YES  NO  Were the keys left in the vehicle YES  NO

What precautions (if any) were taken to prevent theft

Was the vehicle fitted with an immobilizer or vehicle alarm YES  NO  Was it engaged YES  NO  Make

If theft or malicious damage do you have any suspicions as to who caused it

Have you mentioned this to the Police

Has the vehicle been recovered YES  NO  If YES and damage has been sustained, ensure you have completed SECTION 6 (damage to vehicles)

## 9 ADDITIONAL INFORMATION

Additional information which may be helpful to us in dealing with your claim.

## 9 CONTINUED


## 10 SETTLEMENT OF TOTAL LOSS CLAIMS – Fire, Theft and Accidental Damage

We will appoint an independent assessor to investigate the loss and to impartially assess the value of the vehicle. When settlement has been agreed we shall pay the amount(s) due less any policy excesses, premiums outstanding or finance on the vehicle by cheque or electronic transfer direct into your bank account, so please give your bank details below:

Name of Bank  Branch  Sort Code

Account Number  Account Name

If the account is NOT in the name of the Policyholder, please state relationship between Policyholder and account holder to be credited

## DECLARATION (please read before signing)

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information within my knowledge connected with the loss and I/We agree to provide the Insurers with any further information or documentation as may be required. If my vehicle is a total loss I/We agree that the company have my permission to remove the vehicle to safe and free storage pending the completion of their investigations and any settlement of this claim. I/We understand that any attempt to make a fraudulent theft claim will result in prosecution.

SIGNATURE OF DRIVER OR LAST PERSON IN CHARGE OF VEHICLE  DATE

SIGNATURE OF POLICY HOLDER  DATE

SIGNATURE(S) WITNESSED BY  DATE

FULL NAME OF WITNESS  OCCUPATION

ADDRESS OF WITNESS

 POST CODE 

## DOCUMENTS REQUIRED

1 This Claim Form  2 Copy of Drivers Licence (good photocopy)  3 Policy Number

4 Repair estimates if claiming for own damage (two competitive estimates if possible)

### In addition for total loss claim

5 Vehicle Registration Book  6 MOT Certificate  7 Vehicle Keys

8 Purchase receipt for vehicle  9 Any documents to establish value & condition of vehicle  10 Photograph(s) of vehicle if available

Return completed form to Tradex, PO Box 31116, London E14 9JQ