



# Motor Claims Form for AXA Insurance

## Section 1 – Policyholder and Driver details

### Policyholder details

\*Policy name

\*Policyholder number

\*Policyholder address

  
  
 Postcode

Phone No.  Fax No.  Mobile No.

Email

Are you VAT registered?

Yes  No

### Driver details

**Driver details**  
(include details of last driver  
if vehicle was stolen)

Driver's name  Phone No.

Date of birth   /   /

Driver's address

  
  
 Postcode

Licence No.	Class	Expiry	Years held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the vehicle being used with the Insured's consent?  Yes  No

If Yes, reason for use?  
(Business, Private etc)

If No, please complete Theft details on page 6

Driver's relationship  
to Insured:

# Section 1 - Policyholder and Driver details continued

\*Does the driver have any medical conditions or disabilities that the DVLA are aware about?

Yes  No

If you answered 'Yes' to this question please specify below.

\*Has the driver received any previous motor offences or convictions?

Yes  No

Conviction code

Conviction date

Points on licence

\*Has the driver had any motor claims in the last 3 years?

Yes  No

If you answered 'Yes' to this question please specify below.

\*Does your vehicle have any modifications from standard?

Yes  No

If you answered 'Yes' to this question please specify below.

# Section 2 - Incident details

\*Date and time of incident

Location

**Accident:** Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc)

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification:

Your Vehicle = IV Third Party Vehicle(s) = TP1, TP2, TP3 (show registration numbers on the next line)

TP1 Reg. No.  TP2 Reg. No.  TP3 Reg. No.

**Checklist:** Street Names  Distances  Lines/Line markings  Traffic signal/Signs

Position/direction of your vehicle  Position of other vehicle/property  Impact point  Position of witness

# Section 2 - Incident details continued

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification:  
(continued)

Freehand



Road conditions

Wet	Dry	Sealed	Unsealed	Day	Dusk	Night	Dawn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe what the vehicle was being used for at the time

Who do you believe was at fault and why?

Was there any admission of responsibility for the accident?  Yes  No

If Yes, give details

What speed were you travelling at before the accident?

\*What speed were you travelling at on point of impact?

\*Do you have cctv or dashcam footage?

Yes  No  Awaiting info

Email address to provide footage  
(please provide your personal email address not generic)

Google maps link

# Section 2 - Incident details continued

## Police

Please state below whether the police were notified

No State reason

Yes Name of officer  Police station

Police Report No.  Date   /   /

Did the police attend the scene?  Yes  No

Were any charges laid or indicators made of further action?  Yes  No

Give details (who and what)

## Witnesses

Were there any witnesses to the event?  Yes  No *(If yes, please complete the following)*

Name  Telephone No.

Address

  
  
 Postcode

Where was the witness?

Second witness:

Name  Telephone No.

Address

  
  
 Postcode

Where was the witness?

# Section 3 - Vehicle and Damage details

\*Reg number

Vehicle details

Make  Model

\*Who is the owner of the vehicle?

\*Who is the registered keeper of the vehicle?

\*Was a trailer being towed?

Yes  No

If 'yes' please advise of any damage if you are claiming.

\*Was the vehicle damaged?

Yes  No

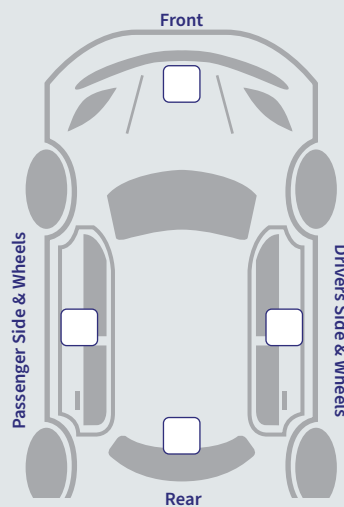
Has the vehicle been recovered?

Yes  No If Yes, by whom?

When and where recovered? (If recovered, please complete Damage section of claim form)

To the best of your knowledge, select the area(s) of your vehicle which have been damaged.

Please select one or multiple areas of damage. You can change the area(s) of damage by selecting the area again to remove it.



Damage

- Bumpers
- Engine
- Interior
- Roof
- Underneath
- Wheel
- Windscreen
- Wing Mirror

Is your vehicle legally roadworthy?

Yes  No  I don't know

How many occupants were in the vehicle at the time of the incident?

Were there any injured occupants in your vehicle?

Yes  No

Email address of the person in possession of vehicle

## Section 3 - Vehicle and Damage details continued

\*Is this a theft claim?

Yes  No

If Yes, please comment below

Theft Details:

State where vehicle was stolen from:

Describe events from time parked until discovered missing (*include who made discovery and any action*)

Was the vehicle locked?  Yes  No

Were the keys duplicated?  Yes  No

Where were the keys at the time?

Who has each set of keys?

Was the vehicle alarmed or fitted with an immobiliser?  Yes  No State which

If Yes, was alarm or immobiliser turned on?  Yes  No

If not turned on, state reason

## Section 4 - Third Party details

\*Were there any third parties involved?

If 'yes' and more than one third party, please add details on separate additional information page at the end of this claim form.

Yes  No

If you answered 'Yes' to this question provide registration details:

Name

Address

Postcode

Contact information

Vehicle Reg

Were there any occupants in the vehicle?

Yes  No

Name

Contact information

## Section 4 - Third Party details continued

\*How many occupants were in the vehicle at the time of the incident?

\*Were there any visible injuries?  
If so please state.

\*Was there any property damage  
(excluding vehicle i.e. pillar, post  
fence etc.)?

Yes

No

If you answered 'Yes' to this question please specify below.

## Additional information

# Declaration

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief. I/We authorise you to deal with this claim within the terms of my/our policy and admit liability on my/our behalf if appropriate.

I/We understand that you may seek information from other insurers to check the answers I/we have produced.

Signature

<input type="text" value="X"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/>	/	<input type="text" value="M"/> <input type="text" value="M"/>	/	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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Your role

Driver     Broker     Insured

Date

/  /

## Next Steps

- Email your completed form to us, using the relevant email address on Page 1. Remember – the more details you can provide, the quicker we can assess your claim
- Await confirmation of your claims reference number from us
- If you have damage to your car, we'll send you a link to our damage assessment system (IVI) which will take you through the tool in about 10 minutes
- If we need any more information, we'll contact you by your preferred contact method.



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