



# Motor

## Claim form



### Completing the form

Our aim is to get you back on the road as soon as possible with the minimum of inconvenience.

Simply follow one of the claim registration options below.

#### Option 1 – Commercial Motor claims

- If you have a Commercial Motor policy please call our claims department (365 days of the year) on 0345 900 4185 to tell us about the incident. Alternatively you can complete this claim form and email to [CMotor.NOL@axa-insurance.co.uk](mailto:CMotor.NOL@axa-insurance.co.uk). We will then contact you with your claim reference number by your preferred method of communication and arrange for the repair and collection of your vehicle by one of our AXA Approved Repairers. Or send this completed claim form to: AXA Insurance UK plc, Commercial Motor Claims, PO Box 7060, Willenhall WV1 9ZW.

#### Option 2 – Motor Trade claims

- If you have a Motor trade policy please call us on 0370 900 1753 to tell us about the incident. Alternatively you can complete this claim form and email to [mtp@axa-insurance.co.uk](mailto:mtp@axa-insurance.co.uk). We will then contact you with your claim reference number by your preferred method of communication and arrange for the collection and repair of your vehicle by one of our AXA Approved Repairers. Or send this completed claim form to: AXA Insurance UK plc, Motor Trade Claims, PO Box 654, Bolton BL6 4SD.

#### General

- To help us deal with your claim as quickly as possible PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS, and sign and date this form.
- All incidents MUST be advised to the Company immediately whether or not it is your intention to make a claim against your policy.

#### Claims and Underwriting Exchange

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident we will pass information relating to it to the register.

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). This may be consulted by:

- a) the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime
- b) other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information if you have been involved in an accident in the UK or abroad
- c) the DVLA and DVLNI for the purposes of Electronic Vehicle Licensing
- d) persons pursuing a claim in respect of a motor traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

You should show this notice to anyone insured to drive the vehicle(s) under this policy.

You can find out more about the Motor Insurance Database and its use by contacting AXA or at [www.miic.org.uk](http://www.miic.org.uk)



## Section 1 – Please complete in all cases – Incident description

Date of accident

D	D	/	M	M	/	Y	Y	Y	Y
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Time of accident

Your registration no.

Policy/certificate number

Please briefly describe the incident  
(with diagrams where relevant  
showing points of impact, any road  
markings and your direction of travel)

Before the accident

After the accident

Do you have any CCTV or dash cam  
footage of the incident?

 Yes  No

Do you have any photos to show  
any damage to any of the vehicles  
involved or damage to any property?

 Yes  No

Has the driver received any caution  
or notice of intended prosecution  
from the police as a result of this  
incident?

 Yes  No



## Section 2 – Please complete in cases of theft

Where was the vehicle parked?

If recovered, when did this happen?

Are you claiming for any personal effects? If 'Yes' please provide details of the items (e.g. car seats)

Yes  No



## Section 3 – Please complete in cases of accident

Accident location

What were the weather and road conditions?

Weather

Road

What speed were you travelling  
(a) prior to the incident  
(b) at impact?

Do you believe you were responsible for this incident? If 'No' why?

Yes  No

Were there any passengers in your vehicle?

Yes  No

Were the passengers injured?



## Section 4 – Please complete in all cases – Policy holder details

Insured name

Insured address

  
  

Telephone number

Contact preference

Telephone     Email     SMS     Letter  
 Via Broker     Other (Please enter details below)

Contact details

Are you VAT registered?

Yes     No

Are you able to recover VAT on new vehicles?

Yes     No

(Our preferred method of settlement is Electronic Funds Transfer which allows any payment to be transferred directly into your account. Please supply us with the following details of your bank account)

Bank account name

Bank branch sort code

–  –

Bank account number



### Section 5 – Please complete in all cases – Vehicle details

<b>Make</b>	<input type="text"/>
<b>Model</b>	<input type="text"/>
<b>Year of registration</b>	<input type="text"/>
<b>Engine CC</b>	<input type="text"/>
<b>Any modifications from standard?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes', please provide details) <input type="text"/>
<b>Who is the owner?</b>	<input type="text"/>
<b>Who is the registered keeper?</b>	<input type="text"/>
<b>For what purpose was the vehicle being used at the time of the incident?</b>	<input type="text"/>
<b>Was a trailer being towed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes', was the trailer damaged?) <input type="text"/>
<b>Were any goods being carried?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes', please provide details) <input type="text"/>
<b>Where is the vehicle kept overnight?</b>	<input type="text"/>
<b>Is the vehicle subject to (a) Hire Purchase or (b) PCP or (c) leasing agreement?</b>	<input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) (If you have selected either a, b or c please provide name, address and agreement number) <input type="text"/>



### Section 6 – Please complete in all cases – Driver details

(This section must be completed, even if the driver is the policy holder and the vehicle was parked or stolen)

Name

Date of birth  D  D /  M  M /  Y  Y  Y  Y

Driver address   
  
 Postcode

Telephone number

How long have you been a UK resident?

Occupation

What type of licence does the driver hold?  
 (a) full UK    (b) full EEC    (c) Provisional UK  
 (d) Provisional EEC    (e) other

What date did the driver pass their test?  D  D /  M  M /  Y  Y  Y  Y

If an HGV licence please state HGV licence type

Date obtained/renewed  D  D /  M  M /  Y  Y  Y  Y

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

Contact preference  
 Telephone    Email    SMS    Letter  
 Via broker    Other (Please enter details below)

Does the driver have any disabilities or medical conditions that have been reported (or due to be reported) to the DVLA, restricting driving?

Does the driver have any convictions or impending prosecutions for motoring offences?  Yes    No

Offence code	Date of conviction	Penalty points on licence	Fine	Was this as a result of a fixed penalty notice?	If applicable, period of disqualification?
	/ /				
	/ /				
	/ /				



### Section 6 – Please complete in all cases – Driver details *continued*

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

Yes

No



### Section 7 – Please complete in cases of damage

Please describe the damage to your vehicle

Is the vehicle immobile?  
If 'Yes', please advise the location of the vehicle

Yes

No

Are you claiming for any personal effects? If 'Yes' please provide details of the items (e.g. car seats)

Yes

No

(If your vehicle is mobile and you are claiming for repairs, we will contact you to appoint one of our Approved Repairers. AXA repairers are authorised to start repairs immediately and offer a courtesy vehicle service. If an alternative repairer is requested, we will require a repair estimate. Please note that this can cause delays in the repair/claim process)



### Section 8 – Please complete in all cases – third party details

Name and telephone number of the other party involved

Can you describe the driver(s)?  
(Male, female, tall, short,  
hair colour etc.)

Vehicle, make, model, colour and  
registration number(s)

Name, address, telephone and policy  
number(s) of the insurers

Details of the third party damage  
(include any photos you may have  
taken)

Were there any passengers in the  
other vehicle?

Yes  No

(Please provide name, address and contact details below)

Was there any damage to any third  
party property (excluding vehicle,  
i.e. premises, pillars, fences etc.)?

Yes  No

(If 'Yes', please provide details and include any photos you may have taken).

Were there any injuries to any of the  
parties involved?

Yes  No

(If 'Yes', please provide details including name of hospital if known)





### Section 9 – Please complete in all cases involving emergency services or witnesses

Were the emergency services present at the incident?

Police     Ambulance     Fire

(If 'Yes', please provide details of any reference numbers and station details)

Were there any witnesses present at the incident?

Yes     No

(If 'Yes', please provide details including the name, address and telephone number)



### Declaration

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief. I 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

X

Your role

Driver     Broker     Insured     Other

(Please enter details below)

Date

/   /

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If you would like a Braille, large print or audio version, please contact your insurance adviser.

**[www.axa.co.uk](http://www.axa.co.uk)**



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