Claim Notification

| Policy Holder | |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Address of Policy Holder | Fortune House, Crabtree Office Village, Eversley Way, Egham, Surrey, TW20 8RY |
| Store number | |
| Name of Driver | |
| NI Number | |
| Address of Driver | |
| Driver's Mobile Number | Driver's Alternate number |
| Driver's Date of Birth (DD/MM/YY) | |
| Type of Licence Held | Country where Licence issued |
| Date of Issue of Licence | Date of Expiry of Licence |
| Any Driving Convictions? | If yes, Convictions Details (Date, Offence Code, Number of points, Fine, Ban) |
| Any Convictions in relation to Drink or Drugs? | If yes, Convictions Details (Date, Offence Code, Number of points, Fine, Ban) |
| Are you aware of any pending prosecutions? | If yes, Pending Prosecution Details |
| Any restrictions imposed on your driving license imposed by DVLA? | If yes, Restriction Details |
| Any Disabilities? | If yes, Disabilities Details and if DVLA notified(if required) |

| Use of Vehicle at the time of acciden | t Pizza Delivery | | |
|---------------------------------------|------------------|-----------------------------------|----|
| Make and model of your vehicle | | Registration number of your vehic | le |
| Are you at fault for the accident | | | |
| Date of accident (DD/MM/YY) | | | |
| Location of incident | | | |
| Description of the accident | | | |
| Police Involvement/details | | | |
| Speed of the vehicle | | Time of accident | |

Third Party Details

| Name | | | |
|-----------------------------------------|---------------------------------------------------------------|--|--|
| Address | | | |
| Telephone n | umber [| | |
| Was the thirc | party injured? | | |
| Name,addres of any other involved | s and phone number vehicle/property | | |
| Make,Model number of ot | and registration her vehicle | | |
| Nature of da | mage to other vehicle | | |
| Approximate | speed of other vehicle | | |
| vehicle include | ssengers in the other ding gender and ion or state none | | |
| Full details of involved in the | additional vehicles ne accident | | |
| Full details of | any witnesses | | |
| Additional D | etails | | |