

Broker details - internal use

Date of Claim Notification

Lycetts Claims Handler

Lycetts Ref

Client Details

Client Name

Client Address

Postcode

VAT Registered

Yes No

Business Description /
Occupation(s)

Policy Number

Client Contact Name

Contact Details

Telephone

Email

Incident Details

Type of incident / claim

Accident Theft Break-in / Malicious damage Fire

Date of Incident

Time of Incident

Location of Incident

Use of vehicle at time of or
prior to incident

Used for contracting

Yes No

If Theft, was the vehicle locked
and keys removed

Yes No

If Theft, has the vehicle been
recovered

Yes No

If yes, please provide location
details and postcode

Postcode

Incident Details

Accident details
Please provide a full description of the accident

Who is at fault for the incident

Vehicle Details

Vehicle Make & Model

Trailer / Agricultural attachment
or GPS Navigation system Make
& Model

Vehicle Registration/Serial no.

Registered owner /
keeper

Details of Damage

Is Vehicle / Trailer / Agricultural
attachment subject to Finance /
Lease / Hire

Yes No

If yes, provide contact details of
Finance/Lease/Hire Company &
agreement ref

Is the Vehicle / Trailer /
Agricultural attachment still in
use / drivable

Yes No

Vehicle Mileage /
Hours worked

Location of Vehicle / Trailer/
Agricultural attachment

Repairer Name

Repairer Address

Postcode

Repairer Contact Details

Telephone

Email

Photos of vehicle and damage to
Follow

Yes No

Would you like your vehicle
repaired by your Insurer's
approved repairer network

Yes No If No, provide details of own repairer

Own repairer's quotation to
follow

Yes No

**Driver/Last person in charge
Details**

Name of Driver

Is the driver an employee of the
policyholder

Yes No

Date of birth

Full Licence

Yes No

Date passed Test

Convictions in the last 5 yrs
(Code/points/fine/date/ban
details)

1

*e.g. SP30, 3 points, £60 fine,
01.05.2021, 3 month ban.*

2

3

Prosecutions pending

Accidents in last 3 yrs

Medical or physical conditions
reportable to DVLA

Details of any injuries sustained

Passenger details/injuries

Third party Details

Name

Address

Phone Number

Vehicle Make & Model

Registration Number

Details of Damage

How many passengers were in the other vehicle

Insurers

Details of any Injuries

Witness Details

Name 1

Address

Phone Number

Email

Name 2

Address

Phone Number

Email

Police Details

Name of Constabulary

PC in attendance Number

Incident Ref

Fire Brigade Details

Did the Fire Brigade attend the incident

Yes No

Name of Brigade

Additional Information

Complex accident circumstances or potential recovery action from third party

If the claim involves complex circumstances or is a non-fault accident with potential recovery action from a responsible third party, please provide a written & signed statement from the driver.

Please include full details of the incident circumstances and provide a diagram showing the positions of the vehicles prior to the accident and at the point of impact.

Please read these notes carefully and complete the declaration as appropriate

- a. To protect your interests, it may be necessary for Insurers to instruct solicitors or other professional people on your behalf. Where it is considered such services are necessary Insurers will pay the cost. The services provided attract VAT
- b. These services are treated as being supplied to a policyholder and not to their Insurer. If you are registered for VAT purposes you will be able to recover VAT or a proportion of it.
- c. If you tell us that you can recover VAT, Insurers will ask the solicitors or other professional person instructed, to send their VAT invoice to you when their costs are due. The VAT element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- d. Insurers shall pay the balance of the account including any proportion of VAT which you cannot recover.

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

DECLARATION

I/We understand that my Insurer will handle this claim on my/our behalf and that I/We give our consent to the claim being handled on this basis. I/We understand that by providing untrue information resulting in a fraudulent claim is a criminal offence likely to lead to prosecution. I/We confirm that the information given on this form is to the best of my knowledge and belief, true in every respect. I/We confirm no amount claimed has been refunded from any other source.

Print name

If not the policyholder, please state your relationship to them

Signed

Date

Data Privacy Notice

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

To provide insurance related services we will need to share the personal data collected with your Insurance company, their service providers and professional advisors and loss adjusters.

For further information on how your personal data is used and your rights in relation to your personal data please refer to our privacy policy at www.lycetts.co.uk/privacy-policy/ and our Terms of Business Agreement.

When you have completed the form please save it and email it to ukclaims@lycetts.co.uk