

DRIVERS NEGLIGENCE CLAIM FORM

Insured: _____

Policy N°: _____

Address: _____

Telephone N°: _____

DRIVER

Name: _____

Address: _____

Date of Birth: _____

Type of Driving Licence: _____

Length of Time Held: _____

Has the driver held an LGV Licence for 24 months
and driven for at least 180 days during this period: Yes/No

Length of Employment by your Agency: _____

CLAIMANT

Name: _____

Address: _____

Telephone N°: _____

VEHICLE

Make: _____ Year: _____ Reg N° : _____

Details of Damage: _____

Name & Address of Repairers: _____

Telephone N°: _____

ACCIDENT/INCIDENT

Date: _____ Time: _____ Place: _____

Own Speed: _____ Width of Road: _____

Road & Weather Conditions: _____

Was Accident Reported to Police? Yes/No

Details of Officer or Station: _____

OTHER PARTIES INVOLVED

Name: _____

Address: _____

Make of Vehicle: _____ Reg N°: _____

Details of Damage & Insurer (if known): _____

WITNESSES

Name: _____

Address: _____

Name: _____

Address: _____

FULL DETAILS OF OCCURANCE

SKETCH PLAN OF OCCURANCE

DECLARATION

I/We declare that all statements made on this form are true and complete.

Signature of Insured: _____ Date: _____