



# MOTOR TRADE CLAIM FORM

Policyholder's Name

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Company Name

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Policy No.

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Cover Applicable

Comprehensive

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Third Party Fire & Theft

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Third party only

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Broker/Agent (if applicable)

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## IMPORTANT

We wish to process your claim as quickly as possible. Therefore please ensure:-

- All questions are fully answered
- All required documents are enclosed
- A copy of the drivers licence must accompany this form
- Return completed form to Tradex Insurance Company Limited, 7 Selsdon Way, London E14 9GL

**Failure to do so will delay the claim. If in doubt please telephone our First Response Claims Line.**

**First Response Claims Line** 0333 313 3131 • **Fax** 020 7068 7740 • **Email** firstresponse@tradex.com • **www.tradex.com**

## MOTOR TRADE ROAD RISK CLAIM FORM

**WARNING: It is a criminal offence to fraudulently present or exaggerate a claim. All questions must be answered and the claims form signed and your signature witnessed.**

### INSTRUCTIONS ON COMPLETION

This is a multi-purpose claim form, please complete those sections which you feel are relevant and if further explanation is necessary show in the additional information section or on a separate page. For guidance complete the following:

**Road Accident**

Complete all sections but omit section 8

**Parked Vehicle Damage**

**Fire**

**Theft** (if vehicle is stolen and not recovered)

**Malicious Damage**

**Impact Damage**

Complete all sections but omit sections 5/6/7

### 1 POLICYHOLDER

Full Name

Trading Name

Address (Private)

Post Code

Telephone

Fax

Email

Mobile

Business Address

Post Code

Telephone

Fax

Email

Mobile

Full Time Occupation

Part Time Occupation

Are you registered for VAT

Yes  No

VAT Status

Full / Partial recovery

VAT Number

## 2 DRIVER DETAILS or last person in charge of the vehicle (this relates to Fire and Theft claims as well)

Full Name	
Address	
Post Code	
Home Telephone	Occupation
Driving Licence Number	
Date Test Passed	Date of Birth
Type of Licence	Other Licences held    HGV <input type="checkbox"/> PSV <input type="checkbox"/>

**A clear photocopy of your driving licence must accompany this form (also include paper counterpart if you have a new style licence), delay will occur if omitted**

Give details of previous accidents or convictions including non-motoring offences (which are not spent) or any losses in connection with a motor vehicle. If NONE, state NONE.

Date	Circumstances	Cost/Fine

Give details of any physical defects or infirmity. If NONE, state NONE:	
Has insurance ever been refused or cancelled	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, give details	
State driver's relationship to Policyholder (e.g. Self, Wife, Son, Friend, Employee, Customer)	
Was vehicle being used with the Policyholder's consent?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Is driver insured for any other vehicle with another insurer    Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, give name of insurer	Policy Number

## 3 USAGE OF VEHICLE State exact use of the vehicle at the time of the accident or loss. (The answer 'Private' is not sufficient)

Usage	
State details of journey: Travelling from:	
Going to:	
State nature and weight of goods carried	How many passengers were being carried
Gross vehicle weight (for commercial vehicles only)	
Was the vehicle being driven under trade plates    Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please give registration number
Does the vehicle hold a current road fund licence    Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry
MOT Certificate Expiry	

## 4 PARTICULARS OF VEHICLE/OWNERSHIP

Vehicle Make/Model		Registration Number		Colour	
Year	CC	Value £	Date of purchase	Price Paid £	Mileage

Who owns the vehicle

Policyholder  Customer  Relative/Friend/Family  Sale or Return/ Demonstration vehicle   
 Employee/Employer  Repossession/Delivery  Other (eg Finance House/Leasing Company)

Name of Owner/Customer

Address

Post Code

Telephone (home) Telephone (business)

If vehicle was temporarily in your possession for a purpose, please give time and date that it came into your possession

For what purpose was the vehicle in your possession

When were you due to hand back the vehicle to its owner

Up to time of accident / loss, what work had been carried out on vehicle

Monetary value of such work £

**If vehicle is owned by Policyholder but not yet registered (i.e. stock vehicle) answer following questions**

**A** Who paid for the vehicle Policyholder  Named driver  Other (specify)

**B** Relationship to vendor (if any)

**C** If log book is not in the vendors name state reason if known

## 5 DATE AND PLACE OF ACCIDENT OR LOSS

Date	Time	Weather Conditions	Road Conditions
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Exact location (Road, Town / County)

Speed limit of road	Width of road
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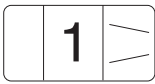
	Your Vehicle	Third Party Vehicle (if applicable)
<b>Speed of vehicle prior to accident</b>		
<b>Distance from nearside kerb</b>		
<b>What lights were displayed</b>		
<b>What signals were given</b>		
<b>What warnings were given</b>		

Who was to blame for the accident in your opinion and why

Describe fully how the accident occurred

SKETCH PLAN Please draw a sketch of the road(s) showing the position of the vehicles at the point of impact. Indicate directions by arrows. Please show road signs/markings and directions of nearest towns.

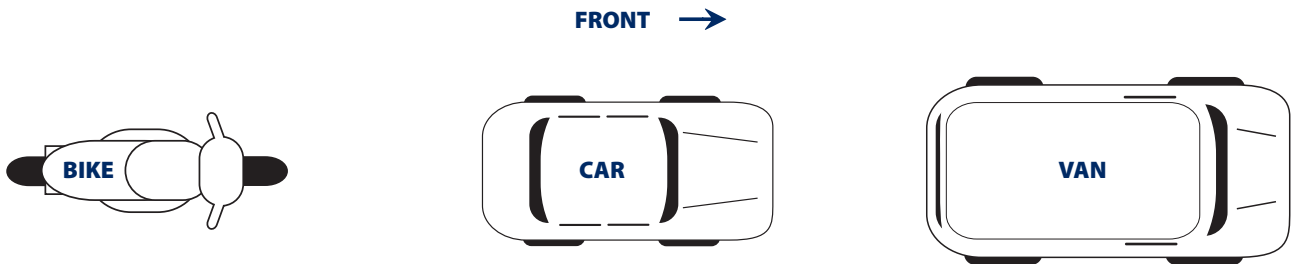
Show your vehicle thus



## 6 DAMAGE TO YOUR VEHICLE

Do you wish to claim for your vehicle damage through your policy?    Yes    No

Show area of impact thus **x x x**



Estimated repair cost £

Describe damage to vehicle

Address where vehicle can be inspected

Post Code

Telephone

Is vehicle at repairer's now

Yes  No

If not, when will it be there

## 7 THIRD PARTY DETAILS / WITNESSES / POLICE DETAILS

Make and Registration Number of other Vehicle(s)	Name and Address of Owner or Driver	Details of Insurers/Policy Number	Damage to their Vehicle	No of Occupants in the Vehicle

Witnesses

Name and Address of own Passengers in your Vehicle	Name and Address of any other Independent Witnesses

Was the accident reported to the Police      Yes     No

If YES, what was the Reporting Officers Name and Number

Police station (with address)

Any prosecution pending      Yes     No

If YES, give full details

How many occupants in each vehicle

Was any person breathalysed    Yes     No     If YES, whom     Result of test      Positive     Negative

Was any person injured      Yes     No     If YES, whom    Own Passengers     TP Occupants     Pedestrian     Pedal Cyclist

Give details overleaf

## 7 CONTINUED

Name	Address	Approx Age	Nature of Injuries	Seat belt worn Yes/No

Was any person taken to Hospital

Yes

No

Were they detained

Yes

No

Has any claim been made against you

Yes

No

If YES, Name and Address of Hospital

Is any other prosecution of the policyholder's driver likely (i.e. careless driving, failing to stop / report, dangerous or unsecured load, unsafe vehicle, no MOT)

Yes

No

If YES, please specify



**8 FIRE AND THEFT (ALL CLAIMS)** and malicious / accidental damage claims occurring on or about Trade Premises or your home address

Address at which loss occurred	Post Code
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Date of loss	Time of loss
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If within premises, state type of property

Private House <input type="checkbox"/>	Lock Up Garage <input type="checkbox"/>	Workshop <input type="checkbox"/>	Warehouse <input type="checkbox"/>	Lock Up yard <input type="checkbox"/>
Showrooms <input type="checkbox"/>	Private Car Park <input type="checkbox"/>	Public Car Park <input type="checkbox"/>	Open Site/Land <input type="checkbox"/>	Sales Forecourt <input type="checkbox"/>

Other

Was the vehicle(s) actually on the premises or some distance away from premises

On premises

Away from premises   metres away

Who owns/occupies the premises

Yourself <input type="checkbox"/>	Members of your family <input type="checkbox"/>	Friends <input type="checkbox"/>	Employees <input type="checkbox"/>	Another trader or subcontractor <input type="checkbox"/>
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If another, give name of owner of property

How long have the premises been occupied by them

For what purpose was the vehicle parked there

How long had the vehicle been parked at this location

When was it your intention to collect the vehicle/drive it again

Do you normally park vehicles there                      Yes     No

If YES, total value of all vehicles parked there at the time of loss £

When did you discover the loss

Name of Police station reported to

Address

Officers name and number

Incident number	Date and time notified
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State circumstances of theft, malicious damage and cause of fire

## 8 CONTINUED

State names / addresses of any other person having knowledge of fire / theft or circumstances

If theft, were all doors/windows locked and in working order

Yes  No

Were the keys left in the vehicle

Yes  No

What precautions (if any) were taken to prevent theft

Was the vehicle fitted with an immobiliser or vehicle alarm Yes  No  Was it engaged

Yes  No

Make

If theft or malicious damage do you have any suspicions as to who caused it

Have you mentioned this to the Police

Has the vehicle been recovered

Yes  No

**If YES and damage has been sustained, ensure you have completed SECTION 6 (damage to vehicles)**

## 9 ADDITIONAL INFORMATION

Additional information which may be helpful to us in dealing with your claim

## 10 SETTLEMENT OF TOTAL LOSS CLAIMS - Fire, Theft and Accidental Damage

We will appoint an independent assessor to investigate the loss and to impartially assess the value of the vehicle. When settlement has been agreed we shall pay the amount(s) due less any policy excesses, premiums outstanding or finance on the vehicle by cheque or electronic transfer direct into your bank account, so please give your bank details below:

Name of Bank	Branch	Sort Code
Account Number	Account Name	

If the account is NOT in the name of the Policyholder, please state relationship between Policyholder and account holder to be credited

## DECLARATION (Please read before signing)

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information within my knowledge connected with the loss and I/We agree to provide the Insurers with any further information or documentation as may be required. If my vehicle is a total loss I/We agree that the company have my permission to remove the vehicle to safe and free storage pending the completion of their investigations and any settlement of this claim. I/We understand that any attempt to make a fraudulent theft claim will result in prosecution.

Signature of Driver or Last Person in Charge of Vehicle \_\_\_\_\_ Date \_\_\_\_\_

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) witnessed by \_\_\_\_\_ Date \_\_\_\_\_

Full name of witness \_\_\_\_\_ Occupation \_\_\_\_\_

Address of witness

Post Code

## DOCUMENTS REQUIRED

1 This Claim Form

3 Policy Number

### In Addition for total loss claim

5 Vehicle Registration Book

7 Vehicle Keys

9 Any documents to establish value & condition of vehicle

2 Copy of Driver's Licence (good photocopy)

4 Repair estimates if claiming for own damage  
(two competitive estimates if possible)

6 MOT Certificate

8 Purchase receipt for vehicle

10 Photographs of vehicle if available

Return completed form to Tradex Insurance Company Limited, 7 Selsdon Way, London E14 9GL