

### 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	<div>Yes</div> <div>No</div>
Date of birth	
Full Licence	<div>Yes</div> <div>No</div>
Date passed Test	
Convictions in the last 5 yrs (Code/points/fine/date/ban details)  <i>e.g. SP30, 3 points, £60 fine, 01.05.2021, 3 month ban.</i>	<div>1</div> <div>2</div> <div>3</div>
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	<div>Yes</div> <div>No</div>
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/](http://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](mailto:ukclaims@lycetts.co.uk)