

# **Comprehensive Motor Insurance Claim File**

Claim Reference: CLM-LDN-77491

Policy Number: UK-AUTO-992174

Insurer: Thames Mutual Insurance Ltd.

Policyholder: Daniel Whitmore

Coverage Type: Comprehensive Private Motor Insurance

Initial Notification Date: 03 March 2025

Last Updated: 21 April 2025

## **Section 1 – Policy and Coverage Context**

The policyholder maintains a comprehensive private motor insurance policy providing full own-damage protection, third-party liability, uninsured driver coverage, personal injury benefits, and ancillary legal expense protection. The policy was active and in full force at the time of the incident described herein. The applicable collision excess under the policy is £650, subject to recovery through subrogation proceedings.

The insured vehicle is a 2022 BMW 320i M Sport, registration LK22 RWT, finished in Alpine White. The vehicle had a recorded mileage of 18,462 miles at the time of loss and was in good mechanical and cosmetic condition with no pre-existing damage reported prior to the incident.

## **Section 2 – Incident Overview and Environmental Conditions**

On Monday, 03 March 2025, a multi-vehicle road traffic collision occurred at the signal-controlled junction of Euston Road and Judd Street, London NW1. The incident took place during the weekday morning commuter period. Weather conditions were dry with overcast skies, ambient temperature approximately 9°C, and good overall visibility. Roadway conditions were dry, unobstructed, and operating under normal traffic flow parameters.

Traffic signal systems at the junction were later confirmed to be functioning correctly at the time of the collision, with no faults or timing irregularities recorded.

## **Section 3 – Detailed Chronological Timeline of Events**

08:11:02 – The policyholder departed his residential address in the Camden area of London, travelling southbound toward Holborn via Euston Road.

08:18:41 – The insured vehicle approached the junction with Judd Street under moderate traffic conditions. The traffic signal governing the policyholder's direction of travel was displaying a green phase, permitting lawful entry into the intersection.

08:19:47 – A third-party vehicle, later identified as a 2018 Vauxhall Insignia operated by Thomas Ellison, entered the junction from Judd Street against a red traffic signal at an estimated speed in excess of the posted limit. The third-party vehicle failed to brake prior to entry into the intersection and collided with the driver-side front quarter of the insured vehicle.

08:20:05 – Following the primary impact, the insured vehicle rotated clockwise approximately 80 degrees before coming to rest partially obstructing the eastbound carriageway.

08:20:31 – A secondary low-speed impact occurred when a following vehicle was unable to bring to a complete stop due to the sudden obstruction. This secondary contact resulted in minor rear cosmetic damage only.

## **Section 4 – Emergency Response and Medical Treatment**

Metropolitan Police Service units arrived promptly and secured the scene. The third-party driver was observed to be unsteady on his feet, with slurred speech and a strong smell of alcohol noted by attending officers and independent witnesses.

London Ambulance Service assessed the policyholder at the scene. The policyholder reported neck pain, headache, and transient dizziness consistent with a side-impact collision mechanism. As a precautionary measure, the policyholder was conveyed to University College London Hospital for further evaluation.

Emergency department assessment included clinical examination and imaging. No fractures or dislocations were identified. The final diagnosis was cervical soft tissue strain and post-impact headache. The policyholder was discharged the same day with analgesic medication and advised to pursue follow-up care if symptoms persisted.

## **Section 5 – Claim Handling, Repairs, and Financial Summary**

The claim was reported on the day of loss and assigned to a senior motor claims adjuster. Liability was formally accepted by the third-party insurer following review of police findings, witness statements, and signal phase verification.

Vehicle repairs were carried out by an approved accident repair centre. Strip-down inspection revealed additional structural deformation requiring supplemental repair authorisation. Repairs were completed to manufacturer standards.

Total claim exposure amounted to £22,625.20, inclusive of vehicle repairs, hire vehicle charges, medical treatment, and recovery costs. The policy excess of £650 remains recoverable via subrogation proceedings.

## **Section 6 – Adjuster Conclusion**

This claim represents a clear liability loss arising from a signal violation by an intoxicated third-party driver. All evidence supports the policyholder's account. Costs incurred are reasonable, necessary, and proportionate to the collision dynamics. The file is recommended for closure pending final recovery of outstanding subrogation funds.

## **Section 7 – Extended Vehicle Damage Analysis and Engineering Observations**

Following commencement of repairs, a detailed engineering assessment was conducted to evaluate impact energy transfer and secondary deformation patterns. Side-impact intrusion measurements indicated force concentration primarily at the B-pillar and lower sill region. While no cabin breach was recorded, deformation values exceeded manufacturer tolerances, necessitating controlled pull and realignment procedures. Metallurgical stress analysis confirmed no cracking, allowing repair rather than replacement of the affected structural elements.

Suspension geometry deviation was recorded on the front nearside wheel assembly, consistent with lateral impact dynamics. Alignment variance exceeded acceptable thresholds, requiring replacement of associated components and full four-wheel calibration.

## **Section 8 – Internal Claims Review Notes and Decision Rationale**

Internal review conferences were held between the assigned adjuster, technical engineer, and medical liaison officer. The objective of these reviews was to ensure proportionality between documented damage, treatment received, and claimed costs. All reviewed materials demonstrated internal consistency and alignment with collision mechanics.

No indicators of claim exaggeration or pre-existing conditions influencing outcome were identified. As such, the claim was classified as low fraud risk and progressed under standard settlement protocols without referral to special investigations.

## **Section 9 – Medical Progression and Symptom Resolution Timeline**

In the weeks following the incident, the policyholder reported gradual symptom improvement with intermittent stiffness during prolonged desk work and driving. Physiotherapy attendance records indicate full compliance with prescribed sessions. Clinical notes reflect progressive restoration of cervical range of motion and reduction in reported pain levels.

By the final assessment, residual symptoms were deemed self-limiting and non-disabling. No further specialist referral was considered medically necessary.

## **Section 10 – Hire Vehicle Utilisation and Mobility Impact**

During the repair period, the policyholder utilised a hire vehicle of comparable class to maintain daily commuting requirements. Usage logs indicate standard mileage accumulation consistent with employment obligations. No misuse or unauthorised extensions were recorded.

The availability of replacement transport mitigated secondary economic loss and contributed to continuity of employment activities.

## **Section 11 – Third-Party Insurer Correspondence Summary**

Formal correspondence with the third-party insurer was conducted via secure electronic exchange. All liability acknowledgements were received in writing. Payment authority confirmations were issued following submission of supporting documentation, including repair invoices and medical summaries.

No disputes regarding causation or quantum were raised at any stage of negotiations.

## **Section 12 – Regulatory and Compliance Considerations**

The handling of this claim was reviewed against internal compliance guidelines and applicable UK motor claims handling standards. File documentation met all required audit criteria, including clear decision logging, timely communication, and proportional evidence retention.

Data protection obligations were observed throughout, with access limited to authorised personnel.

## **Section 13 – Final File Assessment and Closure Readiness**

At the conclusion of the claim lifecycle, all substantive elements had been resolved. Outstanding recoveries were tracked and scheduled. The claim file demonstrates a complete evidentiary chain from incident occurrence through settlement recommendation.

The file is considered suitable for archival storage following receipt of final recovery funds.

## **Section 14 – Policy Administration Timeline and Coverage Validation**

02 March 2025, 16:18 – Automated policy validation executed following FNOL pre-check. System confirms policy UK-AUTO-992174 active with no coverage exclusions applicable to road traffic collisions occurring within Greater London.

02 March 2025, 16:26 – Excess applicability reviewed. Collision excess of £650 confirmed as standard contractual contribution, subject to reimbursement pending successful recovery.

02 March 2025, 16:44 – Policy endorsements reviewed, including courtesy vehicle entitlement, legal expense cover, and personal injury benefits. No conflicting endorsements identified.

02 March 2025, 17:05 – Coverage validation logged as complete. Claim permitted to proceed without reservation of rights.

## **Section 15 – Expanded Pre-Incident Usage and Vehicle Condition History**

In the twelve months preceding the loss, the insured vehicle was primarily utilised for daily commuting and occasional regional travel. Annual mileage accumulation was consistent with private domestic use and showed no indicators of commercial activity.

Service records supplied by the policyholder confirm routine maintenance conducted in accordance with manufacturer recommendations. No unresolved mechanical defects or warning indicators were reported prior to the incident.

Tyre condition, braking system performance, and steering response were all documented as satisfactory during the most recent service inspection conducted in January 2025.

## **Section 16 – Extended Chronological Timeline: Immediate Scene Management**

08:21:58 – Scene lighting and traffic signal visibility assessed by responding officers. No obstructions or environmental factors identified that would impair driver perception.

08:23:14 – Independent witnesses voluntarily remain on scene and provide preliminary verbal accounts consistent with signal violation by the third-party driver.

08:25:09 – Body-worn camera footage initiated by attending officers to document roadside conditions and driver interactions.

08:28:47 – Third-party driver advised of arrest under Road Traffic Act provisions following failed impairment assessment.

08:34:30 – Recovery operator ETA confirmed. Insured vehicle prepared for uplift.

## **Section 17 – Claim Handling Timeline: First 72 Hours Post-Loss**

03 March 2025, 13:10 – Claim formally registered following telephonic FNOL submission.

03 March 2025, 14:22 – Initial liability indicators reviewed. File categorised as high-confidence third-party fault based on police input and witness corroboration.

04 March 2025, 09:55 – Engineering referral issued for physical vehicle inspection.

04 March 2025, 11:18 – Hire vehicle authorisation approved in accordance with policy benefits.

05 March 2025, 15:41 – Police reference documentation uploaded and indexed within claim file.

## **Section 18 – Detailed Repair Authorisation and Quality Control Timeline**

06 March 2025, 10:06 – Initial repair estimate reviewed by technical auditor. Scope deemed reasonable relative to impact mechanics.

07 March 2025, 08:42 – Vehicle dismantling commences. Hidden deformation identified within lower sill and adjacent reinforcement zones.

10 March 2025, 12:55 – Supplemental repair authority requested with photographic evidence and measurement data attached.

12 March 2025, 09:20 – Supplemental authority approved. Revised repair plan authorised.

19 March 2025, 16:08 – Post-repair dimensional verification confirms restoration to manufacturer tolerance thresholds.

## **Section 19 – Medical Monitoring Timeline and Functional Recovery**

04 March 2025, 10:14 – Policyholder reports cervical stiffness and reduced neck mobility during follow-up contact.

06 March 2025, 15:33 – GP assessment confirms soft tissue injury. Conservative treatment plan recommended.

11 March 2025, 09:27 – Physiotherapy intake assessment completed. Baseline mobility limitations documented.

18 March 2025, 17:05 – Mid-treatment review indicates functional improvement and reduction in pain frequency.

25 March 2025, 16:12 – Discharge assessment confirms near-full recovery with no anticipated long-term impairment.

## **Section 20 – Financial Processing and Recovery Activity Timeline**

19 March 2025, 10:22 – Interim repair invoice received and reconciled against approved scope.

24 March 2025, 14:37 – Final repair invoice validated following quality inspection sign-off.

02 April 2025, 09:08 – Medical expense reconciliation completed. Charges confirmed as reasonable and proportionate.

08 April 2025, 16:54 – Subrogation demand issued to third-party insurer including full supporting documentation.

18 April 2025, 11:30 – Recovery status reviewed. No disputes raised by opposing carrier.

## **Section 21 – Ongoing File Governance, Audit, and Archival Preparation**

Throughout the lifecycle of the claim, file handling adhered to internal governance standards and FCA-aligned claims handling principles.

Decision rationales were documented contemporaneously, ensuring traceability from initial notification through settlement recommendation.

The claim file now represents a complete and auditable record suitable for long-term archival retention following receipt of outstanding recovery funds.

## **Section 22 – Detailed Policy Interpretation and Coverage Application Analysis**

This section provides an expanded interpretive analysis of policy wording as applied to the circumstances of the loss. Particular attention was given to the definition of an insured event, the scope of collision coverage, and the absence of applicable exclusions.

The collision was determined to arise from a sudden, unforeseen external event involving a third-party vehicle, satisfying the operative definition of an insured peril under the policy. No evidence was identified to suggest intentional conduct, reckless contribution by the policyholder, or use of the vehicle outside permitted purposes.

The applicability of ancillary benefits was also reviewed, including legal expenses and



personal injury provisions. These benefits were confirmed as operative due to the presence of a clearly identifiable liable third party and the initiation of formal recovery proceedings.

Throughout the analysis, policy interpretation adhered to established UK insurance principles, including contra proferentem considerations and reasonable policyholder expectations.

## **Section 23 – Extended Administrative and Communication Timeline**

22 April 2025, 09:18 – Internal file handover conducted for supervisory review. No outstanding documentation gaps identified.

22 April 2025, 11:06 – Policyholder notified in writing of claim progression status and anticipated recovery timelines.

23 April 2025, 14:42 – Third-party insurer acknowledges receipt of subrogation demand and confirms review underway.

25 April 2025, 10:30 – Follow-up communication issued requesting confirmation of payment schedule.

29 April 2025, 16:05 – Diary note entered scheduling recovery status review.

02 May 2025, 09:12 – Internal audit check completed. File confirmed compliant with documentation and handling standards.

06 May 2025, 15:47 – Claim remains pending recovery receipt. No disputes or counter-arguments raised by opposing insurer.

## **Section 24 – Extended Risk Assessment and Loss Characterisation**

An extended risk assessment was conducted to classify the nature and severity of the loss within the insurer's internal risk framework. The collision was categorised as a third-party liability dominant event with low contributory exposure from the policyholder.

Loss severity was assessed by correlating vehicle deformation metrics, medical treatment duration, and overall claim quantum. While structural vehicle damage was material, it remained within repairable thresholds and did not trigger total loss

considerations. Medical impact was classified as minor to moderate, with no indicators of permanent impairment.

From a behavioural risk perspective, the policyholder demonstrated consistent cooperation, timely communication, and adherence to procedural requirements. No risk flags associated with exaggerated loss presentation, delayed reporting, or inconsistent statements were identified at any stage of the assessment.

The third-party driver, conversely, presented multiple elevated risk indicators, including signal violation, confirmed intoxication, and arrest at the scene. These factors materially reinforced liability positioning and supported early confidence in recovery prospects.

## **Section 25 – Comprehensive Claim Lifecycle Summary and Final Observations**

This section provides a consolidated narrative overview of the claim lifecycle from initial notification through post-settlement administration. The claim progressed in a structured and predictable manner, supported by clear evidence, timely decision-making, and consistent documentation.

Each phase of handling — coverage validation, liability assessment, vehicle repair, medical monitoring, financial reconciliation, and recovery action — was completed in accordance with internal service standards and applicable regulatory expectations.

The integration of chronological event logging with narrative assessment ensured full traceability of decisions and actions taken. This approach facilitated efficient file review, supported subrogation efforts, and minimised the potential for dispute.

At the point of finalisation, the claim file represents a complete and comprehensive record of an insured loss, suitable for audit review, archival retention, and analytical use in future claims modelling and retrieval system evaluation.