



Universal Claims Group12 725 The Big Peg2 120 Vyse Street2 Birmingham2 b146sx  
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Solcitor  
address1  
address2  
birmingham  
b193sh

**Claim Ref: 64630**

**Date:17-12-2010**

## Road Traffic Accident CLAIM FORM

**Initial Notification:**

**\*64630\***

### Our Client (Claimant) Details

Company Name:	test7
First Name:	driver firstname7
Surname:	driver surname7
Address1:	driver addrss7
Address2:	driver addres7
City:	driver city7
Post Code:	b193sh
Phone:	01213591100
D.O.B:	01-Dec-2010
N.I No:	6545466547
Insurer:	126547
Policy No:	5465467

### Vehicle Details:

Vehicle Make:	p vehicle make7
Vehicle Model:	p vehile modle7
Vehicle Reg:	p reg7

### Vehicle Owner:

First Name:	Vehicle OWner anme7
Surname:	Owner surname7
Address1:	owner address7
Address2:	owner address7
City:	owner city7
Post Code:	b193sh
Phone:	01213591100

### Party at Fault ( Defendant's Details)

Company Name:	
First Name:	firstname7
Surname:	surname7
Address1:	address17
Address2:	address27
City:	Birmighnamu7
Post Code:	b193sh
Phone:	01213591100
D.O.B:	
N.I No:	
Insurer:	p insurere7
Policy No:	p polity no7

### Vehicle Details:

Vehicle Make:	client vehilce7
Vehicle Model:	client model7
Vehicle Reg:	cleint reg7

### Vehicle Owner: [ N / A ]

First Name:	
Surname:	
Address1:	
Address2:	
City:	
Post Code:	
Phone:	

## Accident Damage:

<b>VehicleRoadworthy:</b>	cleint road worthy
<b>DamageToVehicle:</b>	vbehicel damage and road worthy details7
<b>Vehicle Status:</b>	

## Accident Damage: [ N / A ]

<b>VehicleRoadworthy:</b>	
<b>DamageToVehicle:</b>	
<b>Vehicle Status:</b>	

### Accident Details

<b>Accident Date:</b>	03-Dec-2010
<b>Location:</b>	Birmingham
<b>Road Condition:</b>	Cloudy
<b>Description:</b>	Road Traffic Accident7
<b>Police Involved:</b>	Yes
<b>Police Officer Name:</b>	police offeicer name7
<b>Police Log No:</b>	police log no7

### Accident Circumstances

aqcciden tdetails7

### GP Details

<b>Surgery Name:</b>	h p deaprtment7
<b>GP Name:</b>	h p name7
<b>Address1:</b>	h adress17
<b>Address2:</b>	h address27
<b>City:</b>	h city name7
<b>Post Code:</b>	b193sh
<b>Phone:</b>	01213591100
<b>Injuries Sustained:</b>	infury stustnad7

### Hospital Details

<b>Hospital Name:</b>	gp name7
<b>Department:</b>	gp surname7
<b>Address1:</b>	gp address17
<b>Address2:</b>	gp address27
<b>City:</b>	gp city7
<b>Post Code:</b>	b193sh
<b>Phone:</b>	01213591100
<b>Other Losses:</b>	losses7

### Who was to blame & Why

who was to blame & why details7

### Witness(1) Details

<b>FirstName:</b>	w1 name7
<b>Surname:</b>	w1 surname7
<b>Address1:</b>	w1 address17
<b>Address2:</b>	w1 address27
<b>City:</b>	w1 contacname7
<b>Post Code:</b>	b193sh
<b>Phone:</b>	012135911007

### Witness(2) Details

<b>FirstName:</b>	w2 forstmau7
<b>Surname:</b>	w2 sirma7
<b>Address1:</b>	w2 adress17
<b>Address2:</b>	w2 address27
<b>City:</b>	w2 cityname7
<b>Post Code:</b>	b193sh
<b>Phone:</b>	01213591100

