



# CLAIMS NOTIFICATION FORM

Please complete in full and email to: [mtnew@aviva.co.uk](mailto:mtnew@aviva.co.uk)

### BROKER DETAILS

Name	Tel	Fax	Email
Ref: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### POLICY DETAILS

Policy Number	<input type="text"/>	Contact:	<input type="text"/>
Policyholder	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		
Post Code	<input type="text"/>	Phone Number	<input type="text"/>
Excess	<input type="text"/>	Cover	<input type="text"/>
Vat Registered	<input type="text"/>		

### VEHICLE DETAILS

Registration No	<input type="text"/>	Make & Model	<input type="text"/>
Owner	<input type="text"/>	Lease/HP	<input type="text"/>
Mileage	<input type="text"/>	Colour	<input type="text"/>
Any Modifications	<input type="text"/>	Engine Size	<input type="text"/>

### DRIVER / PERSON IN CHARGE

Date of Birth	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Contact Phone Nos	<input type="text"/>
Does driver have Full Licence	<input type="text"/>
Details of any convictions	<input type="text"/>
Is driver employed by Policyholder	<input type="text"/>
Yes, In what capacity	<input type="text"/>
No, what is relationship to policyholder (Customer, family member, etc.)	<input type="text"/>

### INCIDENT DETAILS

Date	<input type="text"/>	Fault/non fault?	<input type="text"/>
Time	<input type="text"/>	Police attended?	<input type="text"/>
Incident Location	<input type="text"/>	Police details?	<input type="text"/>
Description of Incident	<input type="text"/>		
Speed of travel	<input type="text"/>	Number of passengers	<input type="text"/>

### VEHICLE CURRENT LOCATION

Where is Vehicle?	<input type="text"/>	Is it mobile?	<input type="text"/>
Vehicle still in use?	<input type="text"/>	NU approved repairer needed?	<input type="text"/>
Repairer Address	<input type="text"/>		
Postcode	<input type="text"/>		
Phone No	<input type="text"/>		

### ADDITIONAL NOTES

Claim for damage	<input type="text"/>	Has Estimate been carried out?	<input type="text"/>
Area & Extent of damage	<input type="text"/>		

### THIRD PARTY DETAILS

Name	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>

Contact Phone Nos	<input type="text"/>	
Vehicle Reg	<input type="text"/>	Make & Model <input type="text"/>
Area & extent of damage	<input type="text"/>	
Insurer	<input type="text"/>	Policy number <input type="text"/>
Are you aware if TP is in a Hire vehicle?	<input type="text"/>	Hire Company <input type="text"/>
No. of passengers	<input type="text"/>	

Theft (if applicable)

Theft location	<input type="text"/>	Date & Time of theft	<input type="text"/>
Circumstances of theft	<input type="text"/>		
Any personal effects stolen	<input type="text"/>		
Was vehicle unattended	<input type="text"/>	Were doors/boot locked	<input type="text"/>
Where were ignition keys	<input type="text"/>		
Has vehicle been recovered (details of location)	<input type="text"/>		

Injury

Name of any injured parties	<input type="text"/>
Address	<input type="text"/>
Telephone no.	<input type="text"/>
Injury sustained	<input type="text"/>

Other information

Witness name	<input type="text"/>
Address	<input type="text"/>
Telephone no.	<input type="text"/>
Are they independent	<input type="text"/>
Any other information	<input type="text"/>