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**New Claim Notification Form - Motor**

**New Claim** Notification form

Please only submit this form for claims relating to loss/damage under your gap insurance policy and forward to [*Claims.tpa@claimsconsortiumgroup.co.uk*](mailto:Claims.tpa@claimsconsortiumgroup.co.uk). For any other claims, please refer to your policy documents.

|  |  |
| --- | --- |
| **PLEASE BE AWARE:** **You should not accept any settlement offer from your motor insurer until we have reviewed your claim.** **POLICY DETAILS** | |
| POLICY NUMBER |  |
| POLICY START DATE |  |

##### **POLICYHOLDER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME(S) |  | SURNAME |  |
| DATE OF BIRTH |  | EMAIL |  |
| TELEPHONE 1 |  | TELEPHONE 2 |  |

##### 

##### **CLAIMANT DETAILS (if different to Policy Holder)**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME(S) |  | SURNAME |  |
| DATE OF BIRTH |  | EMAIL |  |
| TELEPHONE 1 |  | TELEPHONE 2 |  |
| **HOME ADDRESS** | |  | |
| ADDRESS LINE 1 |  | | |
| ADDRESS LINE 2 |  | | |
| ADDRESS LINE 3 |  | | |
| CITY / TOWN |  | | |
| POSTCODE |  | | |

###### **DETAILS OF CLAIM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VEHICLE REGISTRATION |  | | MAKE & MODEL |  | |
| WHERE DID THE INCIDENT OCCUR? |  | | DATE / TIME OF INCIDENT | |  |
| INCIDENT ADDRESS (IF KNOWN) |  | | | | |
| SETTLEMENT OFFER FROM MOTOR VEHICLE INSURER |  | | | | |
| DO YOU HAVE ANY OTHER INSURANCE COVERING THE LOSS? IF YES PLEASE PROVIDE FURTHER DETAILS | YES/NO | NAME OF INSURANCE & POLICY NUMBER |  | | |

##### **DETAILS OF POLICE REPORT**

BEFORE SUBMITTING THIS FORM, PLEASE ENSURE THAT ALL THEFT OR MALICIOUS DAMAGE CLAIMS ARE REPORTED TO THE POLICE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WAS THE INCIDENT REPORTED TO THE POLICE? | | YES / NO | DATE / TIME OF REPORT |  |
| HOW WAS THE REPORT MADE? |  | | REPORT MADE AS THEFT/DAMAGE |  |
| ADDRESS & TELEPHONE OF POLICE STATION | |  | | |
| POLICE CRIME REFERENCE NUMBER | |  | | |

##### **CIRCUMSTANCES OF INCIDENT AND MOTOR VEHICLE CLAIM SETTLEMENT**

PLEASE PROVIDE FULL DETAILS OF THE CIRCUMSTANCES LEADING UP TO AND SURROUNDING THE INCIDENT, AND ITS DISCOVERY

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|  |

**DETAILS OF DOCUMENTATION REQUIRED:**

PLEASE ENSURE THE BELOW IS SUBMITTED WITH YOUR CLAIM FORM; FAILURE TO DO SO MAY RESULT IN A DELAY OR YOUR

CLAIM NOT BEING PROCESSED AT ALL.

|  |  |
| --- | --- |
| DESCRIPTION OF DOCUMENT | DOCUMENT ATTACHED WITH NEW CLAIM? |
| Settlement letter/ Motor Insurer’s offer\* | Yes/No |
| Copy of V5/Logbook | Yes/No |
| Certificate of Motor Insurance | Yes/No |
| Copy of Driving Licence | Yes/No |
| Invoice for vehicle | Yes/No |
| MOT certificate | Yes/No |
| Motor Insurance company offer | Yes/No |
| Finance Agreement | Yes/No |

\*Please do not accept any offer from your Motor Insurer until your Motor GAP claim has been reviewed

##### **CLAIMANT DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| * HAVE YOU EVER BEEN CONVICTED OR DO YOU HAVE A CONVICTION PENDING FOR FRAUD,  THEFT OR OTHER DISHONESTY? | | | YES / NO |
| * I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. * I UNDERSTAND THAT ANY MISSTATEMENTS OR WITHOLDING OF INFORMATION WILL RENDER MY CLAIM VOID AND MAYLEAD TO CRIMINAL PROCEEDINGS AGAINST ME. * I HAVE NOT WITHELD ANY INFORMATION CONNECTED WITH THIS INCIDENT AND AGREE TO PROVIDE ANY FURTHER INFORMATION OR DOCUMENTATION AS MAY BE REQUIRED. * I AGREE THAT THE INSURER SHALL HAVE ABSOLUTE DISCRETION IN THE CONDUCT OF ANY PROCEEDINGS OR SETTLEMENTS OF ANY CLAIMS AGAINST ME ARISING OUT OF THIS INCIDENT. * I UNDERSTAND THAT THE INSURER DOES NOT ADMIT ANY LIABILITY BY THE ISSUE OF THIS FORM. | | | |
| **SIGNED BY THE INSURED** |  | **DATE** |  |
| **SIGNED BY THE CLAIMANT**  (IF DIFFERENT) |  | **DATE** |  |

# WHAT TO DO NEXT

|  |  |
| --- | --- |
| IF YOU ARE UNABLE TO PROVIDE THE REQUESTED DOCUMENTATION, PLEASE EXPLAIN FURTHER IN WRITING  (ON A SEPARATE SHEET).  THE SIGNED, COMPLETED CLAIM FORM AND ATTACHMENTS SHOULD THEN BE RETURNED TO OUR CLAIMS TEAM AT THE FOLLOWING ADDRESS. | |
| Office opening hours are  8am – 6pm Monday to Friday | **CLAIMS HELPLINE**: 0330 174 2071  **EMAIL:** [*Claims.tpa@claimsconsortiumgroup.co.uk*](mailto:Claims.tpa@claimsconsortiumgroup.co.uk) |