

If you need more space to answer any of the questions, please use a separate sheet and attach it to this form.

On completion please return this form to: OAMPS Petrochemical, Windsor House, High Street, Esher, Surrey KT10 9RY

Claim Reference:

Insured					
Name		Depot	Policy Number	Renewal Date	
Address			Yes	No	
			Are you Registered for VAT?	<input type="checkbox"/>	<input type="checkbox"/>
			If yes are you able to recover VAT on the cost of repair or replacement?	<input type="checkbox"/>	<input type="checkbox"/>
Postcode	Telephone No.	Business of Insured/Client			

Driver						
Name		Age	Occupation			
Mr/Mrs/Miss	Has the driver:			Yes	No	
	(a) Been involved in a motor accident or claim in the past three years?			<input type="checkbox"/>	<input type="checkbox"/>	
Address		(b) Been convicted of a driving offence in the last 5 years or have any prosecution pending?			<input type="checkbox"/>	<input type="checkbox"/>
		(c) Any defect in vision or hearing or any physical or mental disability?			<input type="checkbox"/>	<input type="checkbox"/>
		If yes to (a), (b) or (c), please give full details				
Postcode	Telephone Number					

Time Licence Held					
A1	<input type="checkbox"/>	HGV – Under 2 years	A4	<input type="checkbox"/>	Car – Under 2 years
2	<input type="checkbox"/>	HGV – 2 years and over	A5	<input type="checkbox"/>	Car – 2 years and over
A3	<input type="checkbox"/>	Car - provisional	A6	<input type="checkbox"/>	Not applicable/No licence

Driver Type					
A1	<input type="checkbox"/>	No driver e.g. parked	A5	<input type="checkbox"/>	Child of Employee/Driver
A2	<input type="checkbox"/>	Employee	A6	<input type="checkbox"/>	Other Relative/Friend
A3	<input type="checkbox"/>	Contract/Agency Driver	A7	<input type="checkbox"/>	Thief
A4	<input type="checkbox"/>	Spouse of Employee/Director	A8	<input type="checkbox"/>	Other – please specify

Use					
Private cars			Commercial Vehicles		
A1	<input type="checkbox"/>	Business of Employer	A3	<input type="checkbox"/>	Carriage of own goods
A2	<input type="checkbox"/>	Social Domestic and pleasure	A4	<input type="checkbox"/>	Carriage of third party goods for hire

Vehicle Type (Select the appropriate category – tick ONE box only)					
Private cars					
A1	<input type="checkbox"/>	Car under 1.2 litre	A4	<input type="checkbox"/>	Car 1.7 – 2 litres
A2	<input type="checkbox"/>	Car 1.2 – 1.3 litres	A5	<input type="checkbox"/>	Car 2.1 – 2.5 litres
A3	<input type="checkbox"/>	Car 1.4 – 1.6 litres	A6	<input type="checkbox"/>	Car more than 2.5 litres

Heavy Goods Vehicles and other Vehicles (Excluding Tankers)			
<b>B1</b>	<input type="checkbox"/> Flat bed lorry up to 10 ton	<b>B8</b>	<input type="checkbox"/> Forklift Truck
<b>B2</b>	<input type="checkbox"/> Flat bed lorry 10 ton and over	<b>B9</b>	<input type="checkbox"/> Tractor
<b>B3</b>	<input type="checkbox"/> Box van up to 10 ton	<b>B10</b>	<input type="checkbox"/> Crane
<b>B4</b>	<input type="checkbox"/> Box van 10 ton and over	<b>B11</b>	<input type="checkbox"/> Caravan/Tent Trailer
<b>B5</b>	<input type="checkbox"/> Light van up to 15 cwt	<b>B12</b>	<input type="checkbox"/> Trailer (Flat Bed* / Box*) *delete as appropriate
<b>B6</b>	<input type="checkbox"/> Van 16-35 cwt	<b>B13</b>	<input type="checkbox"/> Motorcycle/Moped
<b>B7</b>	<input type="checkbox"/> Van over 35 cwt	<b>B14</b>	<input type="checkbox"/> Other –please specify
Tankers			
<b>C1</b>	<input type="checkbox"/> 7-10 ton	<b>C4</b>	<input type="checkbox"/> 19-24 ton
<b>C2</b>	<input type="checkbox"/> 11-13 ton	<b>C5</b>	<input type="checkbox"/> 25-29 ton
<b>C3</b>	<input type="checkbox"/> 14-18 ton	<b>C6</b>	<input type="checkbox"/> 30 ton and over

Vehicle Details			
<b>Make</b>	<b>Exact Model</b>	<b>Vehicle CC</b>	<b>Registration Number</b>
<b>Nature of Damage</b>	<b>Approximate repair cost</b>	<b>Is Vehicle in Use?</b>	<b>If no, where is vehicle</b>
Are storage charges being incurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>State the nature of goods being hauled at the time of the incident</b>	
Has motor engineer been instructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have repairs been authorised?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Ownership			
<b>A1</b>	<input type="checkbox"/> Owned	<b>A3</b>	<input type="checkbox"/> Hired
<b>A2</b>	<input type="checkbox"/> Leased	<b>A4</b>	<input type="checkbox"/> Loaned

Theft (complete only in cases of theft)		
Is the vehicle fitted with an alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the vehicle fitted with an engine immobiliser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes was, was the system activated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please advise the location of all sets of vehicle keys at the time of theft?		
THEFT OF PLANT – Was the plant locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the plant garaged or in a locked compound within a depot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What measures were taken to prevent loss?		
Were these measures in operation at the time of the theft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of previous losses at this location in last 24 months?		

Incident Details			
<b>Date</b>	<b>Time</b>	<b>Speed of Insured's vehicle</b>	<b>Speed of other vehicle</b>
<b>Place</b>	<b>Purpose of</b>	<b>Speed limit for road</b>	<b>What lights were in use?</b>
<b>Weather Conditions</b>	<b>Visibility</b>	<b>Were warning lights/horn/sirens</b>	<b>Road Conditions</b>
<b>Concerns of fraud / Staged incident?</b> If yes describe concerns	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<b>Were photographs taken?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Incident Details			
<b>A1</b>	<input type="checkbox"/> Multi-Storey car park	<b>A8</b>	<input type="checkbox"/> Private Road
<b>A2</b>	<input type="checkbox"/> Railway Station car park	<b>A9</b>	<input type="checkbox"/> Public Highway
<b>A3</b>	<input type="checkbox"/> Supermarket car park	<b>A10</b>	<input type="checkbox"/> Depot – Own Premises
<b>A4</b>	<input type="checkbox"/> Open public car park	<b>A11</b>	<input type="checkbox"/> Compound – Own Premises
<b>A5</b>	<input type="checkbox"/> Other car park	<b>A12</b>	<input type="checkbox"/> Work site – not own premises
<b>A6</b>	<input type="checkbox"/> Private garage	<b>A13</b>	<input type="checkbox"/> Other Please specify
<b>A7</b>	<input type="checkbox"/> Driveway or Other Area – Domestic Premises		

Police			
Were Police Informed?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Police Reference Number	
Officer's Name		Officer's No:	
At which station?		Potential Prosecution?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Witnesses / Passengers		
Please list all persons that may have seen the incident including Passengers (P), Employees (E), or Independent Witnesses (I)		
Name	Address & Telephone Number	Witness
		<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> I
		<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> I
		<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> I

Incident Description (please attach, or forward separately, a diagram where possible)			
Do you consider this to a fault accident?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Are you /your driver prepared to attend court?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If no why?			

Third Party Vehicle or Property		
Owner's Name	Make and model of Vehicle	Registration number
Address	Insurance Company, Address and Policy No.	
	Policy Number:	
Drivers name and address if different	Details of Damage	
Number of Passengers		

Name	Gender	Age	Address
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Injury	Describe individual & injuries		
<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Name	Gender	Age	Address
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Injury	Describe individual & injuries		
<input type="checkbox"/> Yes / <input type="checkbox"/> No			

Name	Gender	Age	Address
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Injury	Describe individual & injuries		
<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Name	Gender	Age	Address
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Injury	Describe individual & injuries		
<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Name	Gender	Age	Address
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Injury	Describe individual & injuries		
<input type="checkbox"/> Yes / <input type="checkbox"/> No			

### Cause of Loss (Select the appropriate category – tick ONE box only)

Hit By Third Party			
<b>D1</b>	<input type="checkbox"/> Hit from behind	<b>D5</b>	<input type="checkbox"/> TP reversed into insured
<b>D2</b>	<input type="checkbox"/> TP turned in front of insured	<b>D6</b>	<input type="checkbox"/> TP overtaking
<b>D3</b>	<input type="checkbox"/> TP failed to give way at junction	<b>D7</b>	<input type="checkbox"/> Damaged whilst parked
<b>D4</b>	<input type="checkbox"/> TP failed to give way at a roundabout	<b>D8</b>	<input type="checkbox"/> Other – please specify

Hit Third Party			
<b>E1</b>	<input type="checkbox"/> Hit vehicle in front	<b>E6</b>	<input type="checkbox"/> Insured Overtaking
<b>E2</b>	<input type="checkbox"/> Turned in front of TP	<b>E7</b>	<input type="checkbox"/> Load/Item fell from vehicle
<b>E3</b>	<input type="checkbox"/> Failed to give way at junction	<b>E8</b>	<input type="checkbox"/> 'Sideswipe'
<b>E4</b>	<input type="checkbox"/> Failed to give way at roundabout	<b>E9</b>	<input type="checkbox"/> Other – please specify
<b>E5</b>	<input type="checkbox"/> Reversed into TP		

Hit Person / Object / Animal			
<b>G1</b>	<input type="checkbox"/> Hit pedestrian	<b>G7</b>	<input type="checkbox"/> Weight damage to ground
<b>G2</b>	<input type="checkbox"/> Hit cyclist	<b>G8</b>	<input type="checkbox"/> Hit pothole/raised manhole
<b>G3</b>	<input type="checkbox"/> Hit parked vehicle	<b>G9</b>	<input type="checkbox"/> Hit rough/uneven ground
<b>G4</b>	<input type="checkbox"/> Hit Street Furniture e.g. lamp post	<b>G10</b>	<input type="checkbox"/> Hit overhead hazard/bridge
<b>G5</b>	<input type="checkbox"/> Hit fence/gate/wall	<b>G11</b>	<input type="checkbox"/> Hit animal
<b>G6</b>	<input type="checkbox"/> Damaged underground services		

Theft			
<b>H1</b>	<input type="checkbox"/> Attempted Theft	<b>H5</b>	<input type="checkbox"/> Theft of Mobile telephone
<b>H2</b>	<input type="checkbox"/> Theft of vehicle	<b>H6</b>	<input type="checkbox"/> Theft of personal effects
<b>H3</b>	<input type="checkbox"/> Vehicle stolen – recovered damaged	<b>H7</b>	<input type="checkbox"/> Theft of wheels
<b>H4</b>	<input type="checkbox"/> Theft of Radio/Cassette/CD	<b>H8</b>	<input type="checkbox"/> Other – please specify

Fire			
<b>J1</b>	<input type="checkbox"/> Accidental Fire	<b>J2</b>	<input type="checkbox"/> Malicious fire

Windscreen			
<b>K1</b>	<input type="checkbox"/> Windscreen - own	<b>K2</b>	<input type="checkbox"/> Windscreen –third party

Other			
<b>L1</b>	<input type="checkbox"/> Lost control of vehicle	<b>L5</b>	<input type="checkbox"/> Vehicle defect
<b>L2</b>	<input type="checkbox"/> Blow out	<b>L6</b>	<input type="checkbox"/> Vandalism
<b>L3</b>	<input type="checkbox"/> Blown over	<b>L7</b>	<input type="checkbox"/> Crossover / driver error
<b>L4</b>	<input type="checkbox"/> Overtaken	<b>L8</b>	<input type="checkbox"/> Spillage of product whilst loading / unloading

### Declaration

To comply with the conditions of your policy no admission of liability or blame should be made either verbally or in writing. All documents concerning the incident should be sent to the company immediately and unanswered. I/We declare that the above statements are true and complete to the best of my/our belief.

Signature of Driver \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

TO BE COMPLETED BY POLICYHOLDER ONLY.		
Do you feel your driver is to blame?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If no why?