

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

Vehicle Details			
Make	Exact Model	Vehicle CC	Registration Number
Nature of Damage	Approximate repair cost	Is Vehicle in Use?	If no, where is vehicle
Are storage charges being incurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State the nature of goods being hauled at the time of the incident	
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			
A1	<input type="checkbox"/> Owned	A3	<input type="checkbox"/> Hired
A2	<input type="checkbox"/> Leased	A4	<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			
Date	Time	Speed of Insured's vehicle	Speed of other vehicle
Place	Purpose of	Speed limit for road	What lights were in use?
Weather Conditions	Visibility	Were warning lights/horn/sirens	Road Conditions
Concerns regarding incident?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Were photographs taken?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes describe concerns			

Incident Details			
A1	<input type="checkbox"/> Multi-Storey car park	A8	<input type="checkbox"/> Private Road
A2	<input type="checkbox"/> Railway Station car park	A9	<input type="checkbox"/> Public Highway
A3	<input type="checkbox"/> Supermarket car park	A10	<input type="checkbox"/> Depot – Own Premises
A4	<input type="checkbox"/> Open public car park	A11	<input type="checkbox"/> Compound – Own Premises
A5	<input type="checkbox"/> Other car park	A12	<input type="checkbox"/> Work site – not own premises
A6	<input type="checkbox"/> Private garage	A13	<input type="checkbox"/> Other Please specify
A7	<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 be a fault accident?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If no why?	
Are you /your driver prepared to attend court?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

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

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

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

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

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

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

Other			
L1	<input type="checkbox"/> Lost control of vehicle	L5	<input type="checkbox"/> Vehicle defect
L2	<input type="checkbox"/> Blow out	L6	<input type="checkbox"/> Vandalism
L3	<input type="checkbox"/> Blown over	L7	<input type="checkbox"/> Crossover / driver error
L4	<input type="checkbox"/> Overturned	L8	<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?