

Claim Supplier:

CVR Claim Ref:

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chiefrentals

Roundham Road, Paignton, Devon TQ4 6DS
Tel: 01803 663838 Fax: 01803 666380
Email: claims@chiefrentals.com

About You:

Your Full Name:

Additional Drivers:

Address:

Post Code:

Mobile No:

Home No:

Date of Birth

Driving Licence No:

How long have you held your licence ?:

Any driving convictions/points:

Your Vehicle Details:

Make, Model & CC:

Registration No:

Diesel or Petrol:

Manual or Automatic:

7- Seater or estate:

Estimated Value:

Are you the owner? Y/N

If No - Owners Name, Address & Tel No:

Your Insurance Details:

Insurance Broker:

Insurance Company:

Tel No:

Tel No:

Type of Cover:

Policy No:

Policy No:

Claim Ref:

Claim Ref:

Do you want to go through your own insurance company for repairs?

Taxi Details:

Hackney or Private Hire:

Plate No:

Badge Number:

Licensing Authority?

Licensing Officer?

Tel No:

Fax No:

Equipment needed in vehicle: Meter

Mag Aerial

Door Signs

Auriga System

Radio Point

Mogo plate (size?)

Datahead

Roof Sign

Fire Extinguisher (1kg ?)

1st Aid Kit

Which taxi company do you work for and their contact number?

Are you employed or self employed?

Are you VAT Registered?

Third Party Details:

Full Name:

Registration No:

Address:

Make & Model:

Tel No:

Their Insurance Company:

Contact:

Tel No:

Fax No:

Policy No:

Their Insurance Broker:

Claim Ref:

Tel No:

Address:

Damage to Vehicle:

Where is your vehicle?

Where is the damage?

Have you reported it to your licensing officer?

Is it legally driveable as a taxi?

Have you taken it for an estimate?

Name of Repair Garage:

Contact:

Length of Repair:

Tel No:

Fax No:

Accident Details:

Date of Accident:

Time of Accident:

Location:

Did they admit liability? Y/N

Were the Police informed? Y/N

Police Station:

Officer No:

Log No:

How many other people were in the car?

Would they act as witnesses? Y/N

1. Full Name:

Daytime Contact No:

Address:

Were there any other witnesses? Y/N

1. Full Name:

Daytime Contact No:

Address:

Please describe what happened in the accident (use separate sheet if necessary):

Did you or your passengers suffer any injuries?

Name(s) of claimant(s):

Contact No: