

Tradewise Insurance Company Limited

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Motor Claim Form for Gibraltar Policies

<ul style="list-style-type: none"> This form is issued without prejudice and does not constitute an admission of liability. Please return this form promptly and make sure that all questions are answered. WARNING: If you knowingly supply any untrue or false information the Underwriter shall have the right to refuse the claim. We recommend that you read the claims section of your policy. You should not admit fault or incur any expense without our permission, unless it is to minimise the loss. THE DRIVER OF THE VEHICLE (OR THE LAST PERSON WHO WAS IN CHARGE) MUST ALSO SIGN "PART G" OF THIS FORM. No repairs are to be carried out without our permission (refer to the Motor Claims Fact Sheet which should accompany this form). If you receive any communication in any way connected with the incident, please forward this to us immediately. If there is not sufficient space on the form, please provide any additional information on a separate sheet or email. 					
Part A		Policyholder and Driver Details			
Policyholder's Full Name					
Policyholder's current ADDRESS					
Policyholder's last known UK address (if applicable). Please include postcode; if "n/a", please specify.					
Driver / or last person to use the vehicle (if different from policyholder named on the contract of insurance).					
Driver's current ADDRESS; if "n/a", please specify.					
Driver's last known UK address (if applicable). Please include postcode, if "n/a" please specify.					
Driver's relationship to Insured:	Spouse <input type="checkbox"/>	Partner <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Other <input type="checkbox"/> (give details):
Did the driver have the owner's permission to use the vehicle?					Yes <input type="checkbox"/>
Does the driver have any motor vehicle insurance?					No <input type="checkbox"/>
To be completed by the following: -		POLICYHOLDER		DRIVER	
Occupation					
All Contact Telephone Numbers					
Email Address					
Country of Residence (i.e. where do you hold residency?)					
Date of Birth					
Have you held a Full UK or European driving licence for over a period of 24 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please forward a full copy of the driving licence for the person who was last to have custody and control of the vehicle at the time of the incident.					
Have you ever been refused vehicle insurance or had a policy cancelled, voided or not renewed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been involved in any previous accidents / claims / losses?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any previous convictions (including non-motoring convictions)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any convictions pending?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any medical conditions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer "Yes" to any of the above 5 questions please provide FULL details:					
Part B		The Insured Vehicle			
Make and Model?	Registration Number?	Date of Registration?	Engine Size?		
Colour?	Mileage? km or miles?	Left Hand Drive? Yes or No?	Import – please specify		
Date of Purchase?	Price Paid? currency?	Method of Payment?	Current Value? currency?		
Has the vehicle been modified?					Yes <input type="checkbox"/>
Is there any outstanding finance owing on the vehicle?					No <input type="checkbox"/>
Was there any pre-incident damage?					Yes <input type="checkbox"/>
					No <input type="checkbox"/>
If you answer "yes" to any of the above 3 questions, please give details:					
Does the vehicle have a valid MOT/ITV or alternative roadworthiness certificate? Please specify "Yes" or "No". If "No", please forward documentary evidence that the vehicle is in a roadworthy condition in order to comply with the terms and conditions of the policy.					Yes <input type="checkbox"/>
					No <input type="checkbox"/>
Please confirm the MOT / ITV reference number, if applicable: -					

Is the vehicle registered to the policyholder named on the contract of insurance? Please specify "Yes" or "No". If "No", please provide an explanation in a separate letter or email explaining ownership of the vehicle. If the vehicle is not financially the property of the policyholder, the owner may have a monetary interest in the claim. In this case, please also forward copies of the Vehicle Registration Document, Purchase Receipt and contact details for the owner.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part C		Damage to the Insured Vehicle			
Please describe the damage to your vehicle:					
Are you using our Approved Repairer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer "No" to the above or are not claiming for vehicle damage, please supply an explanation:					
IF YOUR NOT USING THE TRADEWISE APPROVED REPAIRER PLEASE SUPPLY THE FOLLOWING INFORMATION					
Name of your chosen garage					
Address with postal area and telephone number for garage					
When is your vehicle due to be taken to your chosen garage?					
Where is the vehicle located now?					
Do you think your car is repairable or written off?					
The repairer must contact us before repairs are started so that we can assess the damage and agree the repair costs. We trust you will instruct your chosen garage accordingly. Please also make contact with the Tradewise Claims Staff so we can verify your cover and arrange an inspection of your vehicle at your chosen repairer. We do not need to wait for the return of this claim form to arrange the inspection of your vehicle.					
Part D		Incident Details			
When did the incident happen?		Date and Time:		AM <input type="checkbox"/>	PM <input type="checkbox"/>
Please confirm if the European Accident Statement was completed and signed at the time of the incident: -				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer "Yes" to the above, please forward a copy with your completed Claim Form. If the answer is "No" please supply an explanation:-					
Location of Incident (state street / road name / town) and Country					
Please explain the exact use of the vehicle prior to incident taking place, giving full details of your journey.					
What is the general use and purpose of the vehicle?					
Was the vehicle being used in connection with the occupation or business of the policyholder or driver?					
Please provide a full description explaining the events leading up to the incident, the incident itself and what happened after: -					
What speed was the insured vehicle travelling at:		(a) Approaching the incident?		(b) On impact?	
Did the police attend the incident?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Was the driver required to provide the police with a breath and / or blood sample? If yes, what were the results?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Are the police investigating the matter further?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Did anyone admit liability? If yes, please supply details.		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If any answer is "Yes" to any of the above, please provide full details:					
Who do you consider to be at fault and why?					
To date, has any claim been intimated against you either verbally or in writing?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any answer is "Yes" to any of the above, please provide full details:					
Part E		Other Vehicle or Property Damage			
Make, Model and Registration Number	Damage Details / point of impact	Name / Address/Tel. Number of owner and / or driver	Name / Address of Insurer and Policy Number	How many passengers were in this vehicle?	
Was anybody injured as a result of this incident? If none, state none. If "Yes", please give details of injuries (including to your passengers), as follows:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name, Address and Telephone Number of Injured Person	Approximate Age	Nature of Injuries	State if pedestrian, own passenger or passengers in other party vehicle. If other party state vehicle injured party was travelling in.	Was seatbelt worn?	

Did an ambulance attend the scene?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was anybody taken to hospital?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, were they detained?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any answer is "Yes" to any of the above, please provide full details and provide the name and address of the hospital: .				
Part F	Witnesses and Passengers to the Accident			
Were there any witnesses? If "Yes" please give details below:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Name / Address / Telephone / email:		Passenger	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Name / Address / Telephone / email:		Passenger	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Claim Form Declaration for Gibraltar Policies

BEFORE SIGNING PLEASE READ THIS IMPORTANT INFORMATION

EXCESS – You must pay all applicable excesses before we are liable for any payment under this policy.

NO CLAIMS BONUS – Your No Claims Bonus may be affected, depending on the circumstances of the loss and the cover selected.

RETURNING OF THE TRADEWISE CLAIM FORM – You can email the form back by typing in the relevant responses. However, **Section G** will require signature and date - this should be returned to your Broker or directly to the Insurance Company with the fully completed European Accident Statement, photographic identification and a full copy of the driving licence for the person who was last to have custody and control of the vehicle. These can also be scanned / emailed across OR FAXED to speed up the process as items can sometimes go astray within the postal service.

Part G Declaration and Signature

I declare that:

- 1) I authorise the Underwriter, Tradewise Insurance Company Ltd to authorise the dismantling and repair of the vehicle subject to this claim (if applicable).
- 2) I have read the policy booklet sent to me by Masbro Insurance Brokers and understand and accept all terms and conditions contained therein. I have also received and read the Motor Claims Fact Sheet sent with this claim form.
- 3) Material Facts:
 - a) All information given to Tradewise Insurance Company Limited (whether oral or written) is true and correct;
 - b) No information relevant to the claim is omitted.
- 4) Use of Information:
 - a) My personal information collected by Tradewise Insurance Company Limited in connection with this claim may be disclosed to:
 - (i) Parties repairing or replacing the subject matter of the claim;
 - (ii) Parties who have a financial interest in the subject matter of the policy;
 - (iii) Other members of the insurance industry.
 - b) My personal information held by any other parties in connection with this claim may be disclosed to Tradewise Insurance Company Ltd.

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of the insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and other outsourced Agencies involved in processing your claim.
- Tradewise Insurance Company Ltd also pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help Tradewise Insurance Company to check the information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident which may or may not give rise to a claim. We will pass information relating to this incident to the registers.
- I declare that the above statements in Part A to Part G are correct to the best of my knowledge and belief. I hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from Tradewise Insurance Company Limited any information within my knowledge connected with the loss and I agree to provide Tradewise Insurance Company Limited with any further information or documentation as may be required. I understand that any attempt to make a fraudulent claim will result in prosecution. I agree that Tradewise Insurance Company Limited should deal with any Third Party claim as they see fit.

If the Insurance Contract is in the name of a Company, please ensure the Company legal representative responsible for the Insurance Contract signs the declaration. Please forward photo identification.

Policyholder's Name in Block Capitals :

Identification Number (passport or ID card – please forward a copy) :

Signature of Policyholder (representative) :

Policy Number relevant to this claim

Registration Number relevant to this claim

Incident Date relevant to this claim

If the person who was in charge of the vehicle at the time of the event was not the policyholder, please ensure this part of the declaration is also signed and a copy of the photo identification is forwarded on.

Driver's Name in Block Capitals:

Identification Number (passport or ID card – please forward a copy) :

Signature of Driver in Charge of the Vehicle at time of Event :