

Ideal Insurance Services/Legal

Road Traffic Accident Claim Form





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 LS8 5AJ

Road Traffic Accident Claim Form

Tel: 0113 249 2669
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Mon – Fri 09:00AM – 5:00PM

www.idealinsuranceservices.co.uk

Claim Ref No:	
Accident Date:	
Type of Claim:	
Accident Location:	
Road Conditions:	

Driver & Vehicle Details

Name:		Name of Owner:	
Address:		Owners Address:	
Postcode:		Postcode:	
Home Phone:		Vehicle Make:	
Mobile Phone:		Vehicle Model:	
D.O.B:		Vehicle Reg:	
N.I.No:		Insurance Cover:	
Drivers Insurers:		Policy No:	
Drivers Policy No:			

GP & Hospital Details

GP Name:		Hospital Attended:	
GP Address:		Hospital Address:	
Postcode:		Postcode:	
Date Attended:		Date Attended:	

Injuries Sustained:

Third Party Details

Name: Address: Postcode: Home Phone: Mobile Phone: D.O.B N.I.No: Drivers Insurers Drivers policy No:	Name of Owner: Owners Address: Postcode: Vehicle Make: Vehicle Model: Vehicle Reg: Insurance Cover: Policy No:
Did the police Attend? Officer Name/No: Police Log No:	Police Address:

Passenger Details

Name (Passenger 1) Address: Postcode: Home Phone: Mobile Phone:	Name (Passenger 2) Address: Postcode: Home Phone: Mobile Phone:
Name (Passenger 3) Address: Postcode: Home Phone: Mobile Phone:	Name (Passenger 4) Address: Postcode: Home Phone: Mobile Phone:

Witness Details

Name (Witness 1) Address: Postcode: Home Phone: Mobile Phone:	Name (Witness 2) Address: Postcode: Home Phone: Mobile Phone:
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Accident Details

Date:

Time:

Location:

Description:

Sketch:



Form of Authority

Claimant Name:

Claimants Address:

Type of claim:

Incident Date:

I hereby authorise **Ideal Insurance Services** and my instructed solicitors to act on my behalf in connection with the accident on the

I irrevocably instruct **Ideal Insurance Services** to act as my agent at all times in connection with the claim arising out of the above dated accident. I give irrevocable authority for them to have access to my instructed solicitor's to forward all cheques payable to **Ideal Insurance Services**, whether the payments are made by way of an interim payment or by way of final settlement.

I hereby agree to co-operate fully with **Ideal Insurance Services** and my instructed solicitors in respect of all reasonable requests in pursuance of this action. Such conduct inclusive of but not limited to the preparation of a statement and my attendance at court appointments.

I understand that failure to comply with **Ideal Insurance Services** or my instructed solicitor's reasonable requests for co-operation will result in my claim being closed and that I shall instantly become liable for all the fees and expenses incurred by **Ideal Insurance Services** and/or my instructed solicitors.

In the event that I transfer instructions from my instructed solicitor I hereby agree to instruct the new solicitor to forward all damages so recovered to **Ideal Insurance Services**.

I declare that the information provided by me is true to the best of my knowledge and belief. I understand that should I knowingly provide false or misleading information **Ideal Insurance Services** and my instructed solicitors will immediately cease acting on my behalf in connection with the action and that, in such event, all fees and charges in relation to my claim would become payable immediately. I accept **Ideal Insurance Services** will incur considerable expense managing my claim and liaising with the instructed solicitor and in the event I terminate/transfer the claim, or the claim is found to be fraudulent after **Ideal Insurance Services** has sent instructions to the solicitors, the claim/s will be reported to the appropriate authorities.

I understand that I am liable to pay a fee of £250.00 to **Ideal Insurance Services** regardless of the outcome or the progress of my claim. I agree to pay these charges to **Ideal Insurance Services** in consideration of their services relating to administration, investigation and management of my claim.

I confirm that I have read this agreement and understand its contents



Statement of Truth

Name:

Address:

I hereby confirm the following:

1. The accident on the was not a staged accident.
2. I was the driver/passenger of the vehicle registration no:.....
3. I was injured in the accident.
4. I wish to claim compensation for the injuries sustained in the accident.
5. I further agree and understand that should the above information be false, my file has to be closed due to allegations of fraud, I will then be liable for the following costs:

The solicitor's legal costs
Any vehicle hire charges
Any storage & recovery costs.
Any disbursement costs which could be for a medical report, GP & hospital records, engineer's fees, DVLA search and police report.

Print Name: **Date:**.....

Signed.....