

*The completed claim form must be completed and returned to The Recruitment Firm Limited within 48 hours of the incident to validate claim.  
Proof of sending is not proof of receipt. Claims are operated in conjunction with our Terms & Conditions of Business.*

**Drivers Negligence Claim Form**

**THIS SECTION TO BE COMPLETED BY AGENCY**

Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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**CLIENT DETAILS**

**TO BE COMPLETED BY CLIENT CLAIMING**

Insured: \_\_\_\_\_ Your Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

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**Driver**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Driving Licence

Length of time Held:

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(Please attach a copy of the Driving Licence)

Has the driver held a LGV licence for 24 Months and driven for at least 180 days during this period?

YES/NO

Length of employment by your Agency: \_\_\_\_\_

**DETAILS OF CLAIM**

**CLAIMANT**

Full Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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**VEHICLE**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Details of

Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please send copies of invoices / estimates where applicable)**

Name and Address of Repairers -

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number

\_\_\_\_\_

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**ACCIDENT/INCIDENT**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time: \_\_\_\_\_      Place: \_\_\_\_\_

Own Speed:                      Width of Road:

Road and Weather Conditions:

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**DRIVERS STATEMENT OF EVENTS**

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Was the accident reported to the Police? **YES/NO**

Details of Officer or Station:

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**OTHER PARTIES INVOLVED**

| Name and Address (Insurer if known) | Make of Vehicle | Registration Vehicle | Details of Damage |
|-------------------------------------|-----------------|----------------------|-------------------|
|                                     |                 |                      |                   |
|                                     |                 |                      |                   |
|                                     |                 |                      |                   |
|                                     |                 |                      |                   |

**WITNESS**

Name: \_\_\_\_\_      Address: \_\_\_\_\_

**FULL DETAILS OF OCCURANCE**

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Are there any factors to be taken into consideration?

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**Please enclose a COPY of TACHOGRAPH CHART OR DIGITAL CHART READOUT**

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**SKETCH PLAN OF OCCURANCE**

**Driver Signature**

I/We declare that all statements made on this form are true and complete.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver Signature \_\_\_\_\_

**Client Signature**

I/We declare that all statements made on this form are true and complete.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Signature \_\_\_\_\_

**DECLARATION**

I/We declare that all statements made on this form are true and complete.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Insured \_\_\_\_\_

\_\_\_\_\_