

# CLAIM FORM

## Transmed **OPTIONS** For UK and **INTERNATIONAL** **COMMERCIAL VEHICLE** and **COACH OPERATORS**



Policy Number	<input type="text"/>	Policy Start date	<input type="text"/>
Policyholder <i>COMPANY OR INDIVIDUAL</i>	<input type="text"/> <i>TITLE FORENAME SURNAME</i>	Driver	<input type="text"/> <i>TITLE FORENAME SURNAME</i>
Address	<input type="text"/> <i>POST CODE</i>	Date of Birth	<input type="text"/>
Claim Contact	<input type="text"/> <i>NAME</i>	Class of Licence	<input type="text"/>
Telephone Numbers	<input type="text"/> <i>DAYTIME</i>	Vehicle	<input type="text"/>
Email address	<input type="text"/>	Reg. Number	<input type="text"/>
		Date of Incident	<input type="text"/>
		Location	<input type="text"/>

Give details of this incident

If illness, state:-

a) the date on which symptoms first became apparent	<input type="text"/>
b) whether the claimant has suffered the same illness before and	<input type="text"/>
c) if so, when	<input type="text"/>

Amount claimed - € / £ / etc. (Please submit receipts etc.)

Where are the vehicle and goods now?

### DECLARATION

I declare that to the best of my knowledge and belief all the information I have provided in connection with this Claim whether in my own hand or not is true and that any and all Material Facts have been disclosed to the Insurers. Please see the definition of **MATERIAL FACTS** contained in your Policy. I understand any non-disclosure or misrepresentation of a Material Fact may entitle underwriters to void the insurance and that making a fraudulent claim is a criminal offence

Signed..... Dated.....

(Under certain circumstances, it may be necessary to ask for a medical report to be completed. In such cases a further form will be sent to you.)