

PRIME

FOCUS

CLAIMS

Personal information

Client Full Name		Date of Birth	
Full Address			
Contact Number		Email Address	
Type of Claim?		NI Identification	
GP Address			

Vehicle details

Name of Vehicle Owner		Name of Vehicle Driver	
Vehicle Make/Model		Registration Number	
Insurance Provider		Policy/Claim Reference	
Number of Passengers		Are They Claiming?	

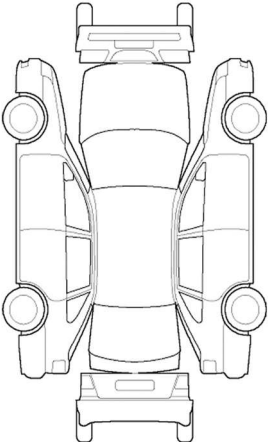
Third Party Details

Full Name of Driver		Vehicle Owner Name	
Full Address			
Contact Number		Vehicle Make/Model	
Registration Number		Insurance Provider	
Policy/Claim Reference		Number of Passengers	

Accident Details

Date of Accident		Time of Accident	
Accident Location			
Reported to Police?	YES/NO - If yes supply reference:		
Any Witnesses?	YES/NO - If yes supply details below		
Witness information (Name, Contact Number, Address)			

Accident Circumstances

Please describe what happened in your own words. Drawing a picture also helps.		
Mark on the vehicle diagram where your car has suffered damage		

I agree that all information supplied is accurate to the best of my recollection. I authorise Prime Focus Claims to act on my behalf and deal with all aspects of my claim to completion. I agree and authorise Prime Focus Claims to pass on my information to appropriate and relevant parties in the process of dealing with my claim.

Signature		Date	
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