

# ACCIDENTAL DAMAGE

Policy Number  Full Name  Preferred Telephone no.

Address

Are you able to recover VAT on the cost of replacement?  Yes  No

Please give full details of any previous caravan related claims

Please give full details of any previous convictions

## CARAVAN DETAILS

|   |                      |
|---|----------------------|
| Make  | <input type="text"/> |
| Model   | <input type="text"/> |
| Year of Manufacture   | <input type="text"/> |
| Date of Purchase  | <input type="text"/> |
| Has your caravan ever been registered with CRIS                 | <input type="text"/> |
| CRIS No   | <input type="text"/> |
| Chassis / VIN No  | <input type="text"/> |
| Do you own the caravan  | <input type="text"/> |
| If no, please advise name of owner                              | <input type="text"/> |
| If subject to hire purchase, or finance, please provide details | <input type="text"/> |

## TOWING VEHICLE

Make  Model  VRN

# ACCIDENTAL DAMAGE

|   |                      |                      |                      |                                 |                      |
|---|----------------------|----------------------|----------------------|---------------------------------|----------------------|
| Date and Time of Incident                                   | <input type="text"/> | Location of incident | <input type="text"/> | State of roads (if applicable)  | <input type="text"/> |
| Weather conditions (if applicable)                          | <input type="text"/> |                      |                      | Estimated speed (if applicable) | <input type="text"/> |
| Description of accident and damage to caravan if applicable | <input type="text"/> |                      |                      |                                 |                      |
|   | <input type="text"/> |                      |                      |                                 |                      |
|   | <input type="text"/> |                      |                      |                                 |                      |
|   | <input type="text"/> |                      |                      |                                 |                      |

| Contents / Accessories Damaged | Item | Make | Date of purchase | Original Cost | Replacement Cost |
|--------------------------------|------|------|------------------|---------------|------------------|
|                                |      |      |                  |               |                  |
|                                |      |      |                  |               |                  |
|                                |      |      |                  |               |                  |
|                                |      |      |                  |               |                  |
|                                |      |      |                  |               |                  |
|                                |      |      |                  |               |                  |
|                                |      |      |                  |               |                  |
|                                |      |      |                  |               |                  |

# THIRD PARTY

**3<sup>rd</sup> Party Full Name**

**3<sup>rd</sup> Party Address and Postcode**

**3<sup>rd</sup> Party Telephone Number**

**Vehicle Make**

**Vehicle Model**  **Vehicle Reg**

**Name and address of 3<sup>rd</sup> party insurer**

**Third Party Insurer Policy Number**

|                                   |                      |
|-----------------------------------|----------------------|
| <b>Witness 1 Name and Address</b> | <input type="text"/> |
|                                   | <input type="text"/> |
| <b>Witness 2 Name and Address</b> | <input type="text"/> |
|                                   | <input type="text"/> |

|                                  |                      |
|----------------------------------|----------------------|
| <b>Police Station Address</b>    | <input type="text"/> |
| <b>Name of officer</b>           | <input type="text"/> |
| <b>Telephone Number</b>          | <input type="text"/> |
| <b>Date / Time Reported</b>      | <input type="text"/> |
| <b>Incident Reference Number</b> | <input type="text"/> |

## DECLARATION

I / we declare that I / we have read and understood all statements above including those completed on my / our behalf by Thistle Insurance Services Limited and confirm that they, to the best of my / our knowledge and belief, represent a true and accurate description of my / our loss and the circumstances that gave rise to it.

Please note that intentionally exaggerated claims are fraud, which may invalidate your cover and is a criminal offence potentially liable to prosecution.

**Signature of Insured/s**

**Date**