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BDElite Total Solutions Provider

Private Car Claim Form

Claim reference: BDE

Call: 01204 567 567
Email: bdeliteclaims@bdelite.co.uk

Policy Holder Details

Title	
Full Name	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Number	
Email Address	
Preferred method of contact	(e.g. Telephone, Email, Text)
Preferred time of contact	
Date of Birth	
Occupation	
Number of years held license	
Type of License (e.g. Full UK)	
Vat Registered	

Policy Holder Convictions within the last 5 years (if applicable)

Conviction 1	
Date of Conviction	
Conviction Type (e.g. SP30)	
Conviction Details	
Conviction 2	
Date of Conviction	
Conviction Type (e.g. SP30)	
Conviction Details	
Conviction 3	
Date of Conviction	
Conviction Type (e.g. SP30)	
Conviction Details	

Policy Holder Accidents within the last 5 years (if applicable)

Accident 1	
Date of Accident	
Accident Details	
Fault/Non Fault	
Accident 2	
Date of Accident	

Accident Details	
Fault/Non Fault	
Accident 3	
Date of Accident	
Accident Details	
Fault/Non Fault	

Driver Details (if different from Policyholder)

Full Name	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Number	
Email Address	
Date of Birth	
Occupation	
Number of years held license	
Type of License (e.g. Full UK)	

Driver Convictions within the last 5 years (if applicable)

Conviction 1	
Date of Conviction	
Conviction Type (e.g. SP30)	
Conviction Details	

Driver Accidents within the last 5 years (if applicable)

Accident 1	
Date of Accident	
Accident Details	
Fault/Non Fault	

Insurance Details

Client Insurance Company	
Claim Number (if reported)	
Policy Number	
Cover Type (e.g. Comp)	
Excess Amount	

Vehicle Details

Vehicle Registration Number	
Vehicle Make	
Vehicle Model	
Colour of Vehicle	
Year of Manufacture	

Engine Size	
Vehicle Mileage	
Main User of the Vehicle	
Registered Keeper of the vehicle	

Accident Details

Date of Accident	
Time of Accident	
Location of Accident	
Purpose of Journey	
Full Description of Accident	
Number of occupants in the vehicle	
Injuries reported	
Police Officer Name	
Station	
Telephone Number	
Incident Reference	

Current Vehicle Location

Location	
Address	
Telephone	

Third Party Details

First Name/Driver Name	
Full Name/Company Name	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Number	
Email address	
Fax Number	

Third Party Vehicle and Insurance Details

Vehicle Registration Number	
Vehicle Make	
Vehicle Model	
Colour of Vehicle	
Insurance Company	

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Policy Number	

Any Witnesses

Name	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Number	
Email address	

Name	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Number	
Email address	

Services Required

(e.g., Credit Hire / Credit Repair / Uninsured Loss Recovery / Personal Injury / Fault Repair, etc)

Additional Information

(e.g., best time to call, fault claim and client wants to use own garage, etc)

