

HADES

CLAIMS

The Complete Claims Solution

Ref :

A Trading division of Claims Logistics Group Ltd
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e-mail - info@hadesclaims.co.uk

Regulated by the Ministry of Justice, Authorization Number CRM1860

OWNER DETAILS

Name _____ Address _____
_____ Post Code _____

Telephone _____ Mobile _____ E-Mail _____

Date of Birth _____ Sex _____ NI No _____

Occupation _____ Employers Name & Address _____

Are you registered for VAT Yes/No VAT Reg No _____

VEHICLE DETAILS

Make _____ Model _____ Colour _____

Reg No _____ Is it in use Yes/No. Where can the car be inspected if necessary _____

Describe extent of damage _____

INSURANCE

Insurance Company _____ Accident Reported Yes/No

Cover TPO/TPFT/Comprehensive, Policy excess _____ Policy No : _____

DRIVER DETAILS (if not owner)

Name _____ Address _____
_____ Post Code _____

Telephone _____ Mobile _____

Date of Birth _____ Sex _____ NI No _____

Occupation _____ Employers Name & Address _____

Are you registered for VAT Yes/No VAT Reg No _____

PASSENGERS

Name & Address _____
_____ Tel _____

Name & Address _____
_____ Tel _____

INJURY

Name _____ Details of injury _____

Hospital attended _____

Name _____ Details of injury _____

Hospital attended _____

ACCIDENT DETAILS

DATE _____ Time _____ Weather _____ Road Conditions _____

Location _____

Police Details _____ Any Prosecutions _____

please turn over

Circumstances of Accident _____

Sketch

THIRD PARTY DETAILS

Name _____ Address _____
_____ Post Code _____
Vehicle Make _____ Model _____ Reg _____
Insurance Co _____ Policy No _____

WITNESSES

Name & Address _____
_____ Tel _____
Name & Address _____
_____ Tel _____
Name & Address _____
_____ Tel _____

ACKNOWLEDGEMENT AND STATEMENT OF TRUTH

**I CONFIRM THAT THE CONTENT OF THIS QUESTIONNAIRE IS CORRECT
AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNED _____ **DATE** _____
PRINT NAME _____

Ref :