

How to complete and return this claim form

Before completing your claim form please read this section, including the important information, detach and keep for your records.

It is important that you do not delay returning your claim form as failure to do so could adversely affect the claim process.

If you have any other information or documentation relevant to the incident please include it when you return this form. If you are waiting for information please return the claim form first and send on the supporting information at a later date. This will enable us to start processing your claim as soon as possible.

Please help us to deal with your claim efficiently either by quoting your Member reference number or your Policy number on all correspondence and or Cornish Mutual's Claim Reference when issued.

If you need more space to answer a section of the form please supply this on a separate piece of paper quoting your Member reference number or your Policy number.

If you have any queries regarding how to complete your claim form please do not hesitate to contact us on Tel **01872 277151**, by Fax **01872 263032** or email **claims@cornishmutual.co.uk** and we will be happy to help you.

How to return this claim form

When you have completed this claim form please attach any supporting information and send it to

Cornish Mutual, CMA house, Newham Road, Newham, Truro, TR1 2SU.

As soon as we receive your form we will start processing your claim.

Important information

i) Police Notification

It is important that you **notify the police immediately** in the case of any loss or damage involving theft, riot or malicious damage.

ii) Damage to the vehicle

If your vehicle is insured against damage we recommend the use, where possible, of a Cornish Mutual Appointed Repairer. They will normally be able to provide a courtesy car unless your vehicle is an insurance write off. An Appointed Repairer has, subject to our agreement with them, the authority to begin work immediately on repairing your vehicle.

If you do not wish to make use of an Appointed Repairer please submit a detailed repair estimate for our consideration.

Irrespective of the location or condition of your vehicle please send a completed claim form to us without delay.

Until we have issued instructions to you or a repairer no repairs, which are to be paid for under your Cornish Mutual Policy, may take place.

iii) Notification for 'Record Purposes Only'

You are required to give us written notice of any accident or loss. If you do not intend making a claim under this Policy you can send us a claim form marked 'for record purposes only' in your own handwriting alongside your signature.

We will take no action, in these circumstances, on receipt of your claim form.

Please note that if you decide to deal with your accident or loss, without involving Cornish Mutual, considerable and expensive difficulties may arise for you. You are strongly advised to submit your claim and allow us to use our specialist

knowledge on your behalf. A claim made, that has previously been notified for record purposes only, may be declined.

iv) Personal Effects

Please remove from the vehicle your personal effects including vehicle documentation (other than the tax disk, unless this is no longer required to comply with the law).

v) Our commitment to you

As a mutual organisation we are member-centred and seek to give a high level of service at all times.

We want to make sure that claims are treated fairly, investigated promptly and that our customers are provided with clear guidance on the claims process and where relevant why a claim is rejected or not settled in full.

We aim to respond to a received claim in five business days or less.

We will do everything possible to deal with your claim to your satisfaction but if any problems do occur please write to the Managing Director, Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU, Tel: **01872 277151**

Fax: **01872 263032** or email **claims@cornishmutual.co.uk**

When corresponding with us by email please note that proof of sending an email does not mean we have received it. Please ensure we acknowledge receipt of your email and contact the claims department on Tel: **01872 277151** or Fax: **01872 263032** if an acknowledgement is not received.

Cornish Mutual Vehicle Claim Form

For office use only

Ref. no. _____

Please complete the sections indicated. The settlement of a valid claim will be made on the basis of your Policy wording. If you need more space for an answer or to supply additional information please enclose a covering letter.

1. Your policy details

Please state your Member Reference Number
or Policy number or Cover Note number

Criminal or Civil Proceedings

If you receive Civil Proceedings, Notice of Intended Prosecution or Notification of a Coroner's Inquest or Fatal Accident Inquiry please forward it to us without delay. This will enable us to consider arranging any legal representation for you.

2. Your details

- (a) Name _____
- (b) Address _____
_____ Postcode _____
- (c) Home telephone _____ Business telephone _____
- (d) Email _____
- (e) Date of birth _____ (f) Occupation _____
- (g) Did you reclaim input VAT when you purchased the vehicle, trailer or implement? Yes No

3. About your vehicle

Make and exact model _____

Type of body and/or any trailer _____

Engine capacity or for goods vehicles, maximum laden weight _____ Vehicle Registration _____

Name of registered keeper or registered owner _____

If the answer to any of the questions below is 'Yes' please give further details on the right.
Please answer ALL questions in this column

4. About the use of the vehicle

- (a) Was the vehicle being used for business purposes other than travelling between home and work? Yes No
- (b) Was the vehicle either
- (i) let out on hire or Yes No
- (ii) carrying goods or passengers for hire? Yes No
- (i) Was it being used for commercial travelling? _____
- (ii) Was it being used for motor trade purposes? _____
- Details _____

Have you answered all of the questions on the left?

Have you answered all of the questions on the right where the answer is 'Yes' on the left?

If the answer to any of the questions below is 'Yes' please give further details on the right.

5. About your driver or (if no driver, or theft) the person in charge, or last in charge of your vehicle

<p>(a) Was the driver, or person in charge of your vehicle, or last in charge of your vehicle (if the vehicle was unattended or stolen), some person other than the Policyholder? If Yes please give details on the right if No please proceed to 5b.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name of driver or person in charge or last in charge of vehicle _____</p> <p>Occupation _____</p> <p>Date of birth _____</p> <p>Was the driver the Policyholder's wife or husband? _____</p> <p>Did the driver have your permission to use the vehicle? _____</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(b) Did the driver hold a current driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Was it a provisional licence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(c) Had the driver passed their driving test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>On what date was the test passed? _____</p>
<p>(d) Had the driver ever been convicted of any driving offence or is any prosecution pending?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Details (give dates, offences, penalties)</p> <p>_____</p> <p>_____</p> <p>_____</p>

6. About the passenger(s) in your vehicle

<p>(a) Was the vehicle carrying passengers?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(i) Name and address of each passenger _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(ii) Were the passengers in your employment? _____</p>
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7. About the police

<p>(a) Were details taken by the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Officer's number and station _____</p>
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8. About any witnesses

<p>(a) Were there any witnesses of the incident?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name and address of each witness</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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9. About the accident/fire/theft

Date _____ Time _____ Exact place _____

State fully how the incident occurred and supply a sketch here

**If the answer to any of the questions below is 'Yes' please give further details on the right.
Please answer ALL questions in this column**

10. About the damage to your vehicle

Do you have comprehensive cover?
(If so, please enclose a detailed estimate). Yes No

We recommend the use, where possible,
of an Appointed Repairer. If not enclosed
please ask us for our Appointed Repairer list.

Details of visible damage. If no estimate is enclosed give full
details of the repairer _____

Is the vehicle immobile and at the repairer's premises?

11. About any personal injuries

Were any persons injured in the incident? Yes No

Name and address of each injured person details of their injuries
and whether taken to hospital

12. About any other vehicles or property

Were other vehicles or animals or property involved in this incident? Yes No

If another vehicle was involved please provide the

Make _____

Colour _____

Model _____

Registration number _____

(i) Name and address of each owner/driver (and insurers if known)

(ii) Details of damage

Is the vehicle immobile and at the repairer's premises?

Have you answered all of the questions on the left?

Have you answered all of the questions on the right where the answer is 'Yes' on the left?

13. Your declaration

I/We declare that the statements made are true to the best of my/our knowledge and belief.

Insurers pass information to the Claims and Underwriting Exchange register, run by the Motor Insurers Bureau (MIB), and to the Motor Insurance Anti-Fraud and Theft Register, operated by the Association of British Insurers. The aim is to help insurers to check the information provided by policyholders and claimants and also to prevent fraudulent claims. When you provide information about an incident which may or may not give rise to a claim, information relating to that incident may be passed to the registers.

I/We understand that you may seek information from other insurers to check the answers I/we have provided are correct.

Signature of Policyholder(s) _____

Position held (if company or partnership) _____

Date _____

Signature of driver or last person in charge of vehicle (unless person last in charge was Policy holder)

Date _____

Please detach this form from the 'how to complete this claim form' details and return it with any supporting paperwork to Cornish Mutual, CMA House, Newham Road, Newham, Truro, TR1 2SU



The Cornish Mutual Assurance Co Ltd
Registered office: CMA House, Newham Road,
Newham, Truro, TR1 2SU. www.cornishmutual.co.uk

Tel 01872 277151
Fax 01872 263032
Email claims@cornishmutual.co.uk

This claim form is liable to alteration from time to time (April 2017 – cancelling all previous issues).
To help us improve our service, calls to our office may be recorded and monitored.

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