



ZURICH
MUNICIPAL
zmmotorclaimsoffice@uk.zurich.com
MOTOR CLAIM FORM

PLEASE ANSWER EVERY QUESTION.

Policy Number	QLA 08AC02 0013	Claim Number		Your reference	
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INSURED

Name	CUMBRIA COUNTY COUNCIL				
Address	THE COURTS, ENGLISH STREET, CARLISLE, CUMBRIA				
			Post code	CA3 8NA	
Telephone Number	01228 226268	Email: insurance.section@cumbriacc.gov.uk			
Department Concerned (Code and Description)					
VAT registered / status?	YES				

VEHICLE

Type (Code and Description)					
Make and model		Vehicle c.c.		Year of manufacture	
Registration number		Is vehicle owned/hired/leased/loaned? (Code and Description)			

DRIVER

Title		Initial		Surname		
House Number						
Street Name						
Town						
City						
County						
Post Code						
Telephone number			Date of Birth			
Is driver employed by you?						
Department			Was driver authorised?			
Purpose of journey						
Any convictions for motoring offences?			Any charges pending?			
If so, state details and dates						
What Occupation is the Driver in? (Code and Description)						
Type of licence (Code and Description)			And years held		How old is the driver?	

ACCIDENT

Date		Time	
House Number			
Street Name			
Town			
City			
County			
Post Code			
Weather conditions		Speed limit	
Speed of your vehicle before accident		Speed of your vehicle at moment of impact	
What lights were showing?		Was any warning given?	
What was the Vehicle being used for? (Code and Description)			
State the cause of the Accident (Code and Description)			

OWN DAMAGE

Description of damage (Code and Description)			
Approximate cost of repair £		(Please attach estimate where applicable)	
Where can it be inspected?			

OTHER VEHICLES INVOLVED

Name and address of owner (including postcode)					
Title		Initial		Surname	
House Number					
Street Name					
Town					
City					
County					
PostCode					
Registration number			Make and model		
Insurer's name			Insurer's Address		
Policy / Certificate number			Apparent damage		

THE ROAD

Classification of road, i.e. trunk, class I, II, III, unclassified, footpath or bridleway (Code and Description)	
What sort of Area is the road in? (Code and Description)	

PROPERTY DAMAGED/INJURED PERSONS (if passengers, please state in which vehicle)

Title		Initial		Surname	
House Number					
Street Name					
Town					
City					
County					
Post Code					
Description of property			Extent of damage		
Injured persons: State name and address (wheth. driver, pedestrian); details of injury; medical attention needed; name of hospital					

WITNESSES Please state whether independent or passengers in your vehicle

Name	
Address	
Name	
Address	
Name	
Address	

POLICE

Were the Police informed?		Did they attend?		Are proceedings pending?	
If so, against whom?			Give name and number of officer		
Give address of station					

I declare that all answers are true and correct			
Signature			Date
Designation			

ADDITIONAL INFORMATION

Zurich Municipal is a trading name of Zurich Insurance Plc a public limited company incorporated in Ireland Registration No. 13460. Registered Office Zurich House, Ballsbridge Park, Dublin 4, Ireland.
UK branch registered in England and Wales Registration NoBR7985.

UK branch Head Office:
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