**Motor Claim Form**

Should your vehicle be involved in a motor incident, please report the circumstance of it to the Insurance Team over the phone. The contact number for the Team is: 0333 0143 3385. You should also complete and return the motor claim form found on page 2 onwards and sent it to the Insurance Team within 5 days of the incident occurring.

The Insurance Team will provide guidance in respect of how to go about obtaining vehicle repair estimates and for dealing with any third party who may be involved in the incident.

Please take colour photographs of the damage including to the third party vehicle if one is involved.

Depending on the estimated value of the repair, a vehicle assessor may be required to review and authorise the estimate. Under no circumstances should the vehicle be repaired without prior authorisation.

Once the invoice is available, please forward it to the Insurance Team who will arrange for it to be paid. A £100.00 insurance excess will be applicable on the policy and this will be processed via internal recharge.

For incidents involving Third Party vehicles, it is important that the following details are obtained:

1. Full name, telephone number and address of driver
2. Make, model and registration of the vehicle
3. Full details of owner/driver's insurance policy
4. Full details of the extent and nature of the damage to the vehicle.
5. Name and contact details/telephone for any witnesses.
6. Name and address of any passengers in the vehicle, and the number present in the vehicle

Please note that no admission of liability should be made to the third party. If they wish to pursue a claim against the Council, please provide them with the details below:

Oxfordshire County Council

Insurance Team

County Hall

New Road

Oxford

OX1 1ND

Tel: 03330 143385

Email: [insurance@oxfordshire.gov.uk](mailto:insurance@oxfordshire.gov.uk)

Name of insurer: Zurich Municipal plc

Policy number: QLA 18AC04 0013 59

**Motor Claim Form**

**Please ask the driver to complete all relevant fields and return to the Insurance Team within 5 days**

Name of Driver:

Drivers contact details:

Drivers occupation:

Please provide a copy of the driving license when returning this form.

Vehicle registration involved in the incident:

Vehicle make and model:

Name of the school that the vehicle is based at:

School contact details:

School’s cost centre to be used for internal recharge:

Accident date and time:

Accident location:

Weather conditions at time of incident:

Speed limit of road:

Speed of vehicle at time of the incident:

Was any warning provided?

Please provide a full description of the accident circumstances below:

Please provide details of damage to the schools vehicle:

**Please complete this section for incidents involving third parties:**

Was another vehicle involved?

If yes please confirm the vehicle registration, make and model number:

Please confirm the name and full contact details of the third party driver:

Please provide the third parties insurance details:

If there were any passengers in the vehicle please provide their details:

Please provide full details of the damage to the third party vehicle:

Did the third party require any medical attention?

Were the police called to the scene?

If yes please provide the reference number:

**Witnesses**

Please provide details of any independent witnesses to the incident:

**Declaration:**

Please sign below to declare that all answers are true and correct to your best possible knowledge.

Signature:

Name:

Date: