

ACCIDENTAL DAMAGE

Policy Number Full Name Preferred Telephone no.

Address

Are you able to recover VAT on the cost of replacement? Yes No

Please give full details of any previous caravan related claims

Please give full details of any previous convictions

CARAVAN DETAILS

Make	<input type="text"/>
Model	<input type="text"/>
Year of Manufacture	<input type="text"/>
Date of Purchase	<input type="text"/>
Has your caravan ever been registered with CRIS	<input type="text"/>
CRIS No	<input type="text"/>
Chassis / VIN No	<input type="text"/>
Do you own the caravan	<input type="text"/>
If no, please advise name of owner	<input type="text"/>
If subject to hire purchase, or finance, please provide details	<input type="text"/>

TOWING VEHICLE

Make Model VRN

ACCIDENTAL DAMAGE

Date and Time of Incident	<input type="text"/>	Location of incident	<input type="text"/>	State of roads (if applicable)	<input type="text"/>
Weather conditions (if applicable)	<input type="text"/>			Estimated speed (if applicable)	<input type="text"/>
Description of accident and damage to caravan if applicable	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

Contents / Accessories Damaged	Item	Make	Date of purchase	Original Cost	Replacement Cost

THIRD PARTY

3rd Party Full Name

3rd Party Address and Postcode

3rd Party Telephone Number

Vehicle Make

Vehicle Model **Vehicle Reg**

Name and address of 3rd party insurer

Third Party Insurer Policy Number

Witness 1 Name and Address	<input type="text"/>
	<input type="text"/>
Witness 2 Name and Address	<input type="text"/>
	<input type="text"/>

Police Station Address	<input type="text"/>
Name of officer	<input type="text"/>
Telephone Number	<input type="text"/>
Date / Time Reported	<input type="text"/>
Incident Reference Number	<input type="text"/>

DECLARATION

I / we declare that I / we have read and understood all statements above including those completed on my / our behalf by Thistle Insurance Services Limited and confirm that they, to the best of my / our knowledge and belief, represent a true and accurate description of my / our loss and the circumstances that gave rise to it.

Please note that intentionally exaggerated claims are fraud, which may invalidate your cover and is a criminal offence potentially liable to prosecution.

Signature of Insured/s

Date