



# DriverProtect Cover



In association with RAC Legal Services

To: RAC Legal Services – THB Claims Team email: fleetclaims@rac.co.uk T: 0330 159 0432

Reference: New Claim Notification THB Reference: .....

**Client Details**

Client's Name: .....

Driver's Name: ..... Driver's Tel No:.....

Driver's Address: .....

Vehicle Reg: ..... Make & Model: .....

**Accident Details (continue on separate sheet if necessary)**

Accident Date: ..... Accident Time: .....

Accident Locus: .....

Circumstances: .....

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Who was to blame?.....

Vehicle Damage: ..... Vehicle Mobile? .....

Any injuries? ..... If so, who? .....

Nature of Injury: .....

**Third Party Details (continue on separate sheet if multiple third parties involved)**

TP Name: .....

TP Address: .....

TP Tel No: .....

TP Vehicle Reg: ..... Make & Model:.....

TP Insurance Company:..... Policy Number:.....

**Witnesses (continue on separate sheet if multiple witnesses involved)**

Witness Name: ..... Are they independent? .....

Witness Address:.....

Witness Tel No:.....

**Police Details**

Police Notified? ..... If so, station and reference:.....

Any other relevant information

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