



Tradewise Insurance Company Limited
Statement of Claim

Please remember that it is normal practice for an Insurer to fully investigate a claim. You must ensure that you are open and honest with your Insurance Company. If a claim proves in any way to be fraudulent, indemnity under the policy may be declined and criminal proceedings could follow.

The more detail you can provide at the outset will assist your Insurance Company, and / or Solicitor (legal representative) process your claim. Please provide a detailed description of the incident; confirming the circumstances leading up to the event, and what took place after the incident. If applicable, please provide a diagram showing the positions of the vehicle(s) before and after the incident. Photographs of the vehicle damage and incident scene can be pivotal to the outcome of the claim and if you do not have the full address for a witness or third party we suggest you make the relevant enquires to ensure we are furnished with full details.

Insurers also pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help insurers to check the information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident which may or may not give rise to a claim. We will pass information relating to this incident to the registers. Please complete and return the enclosed at your earliest opportunity and we would refer you to the check list at the end of this statement. We look forward to hearing from you subsequently.

Section 1 - This form is to be completed in conjunction with the European Accident Statement which should have been completed at time of incident.		
Policyholder current ADDRESS		
Policyholder's last know UK address (if applicable) please include postcode		
Policyholder	<i>Full Name</i>	<i>Date of Birth</i>
Driver / or last person to use the vehicle (if different from above)	<i>Full Name</i>	<i>Date of Birth</i>
Driver's current ADDRESS		
Driver's last know UK address (if applicable) please include postcode		
Driver's relationship to Policyholder?		
All Contact Telephone Numbers and email addresses		
To be completed by the following: -	POLICYHOLDER	DRIVER
OCCUPATION		
Have you held a Full UK or European driving licence for over a period of 24 months?	Yes or No?	Yes or No?
Type of Licence?	Full UK or Full EU or Other?	Full UK or Full EU or Other?
	<i>Date Test Passed?</i>	<i>Date Test Passed?</i>
Please give details of previous accidents / claims / losses.	<i>If none, state none?</i>	<i>If none, state none?</i>



Please give details of previous convictions including non-motoring convictions and convictions pending.	<i>If none, state none?</i>	<i>If none, state none?</i>
Give details of any physical defects or infirmities?	<i>If none, state none?</i>	<i>If none, state none?</i>
Have you ever had Insurance cancelled or refused? If yes, supply all details.	<i>If no, state No.</i>	<i>If no, state No.</i>
Do you have any other Motor Insurance policies?	<i>If yes, give insurers details. If none, state none?</i>	
Did the Police / fire service attend the incident? Yes or No.	<i>Or was the incident reported after the event?</i> Yes or No?	
Was the driver breathalysed following the incident? Yes or No.	No? Negative? or Positive? (state which applies)	
If the Police and / or fire service involved, provide full details.		
Police / Fire Service Incident / Crime Reference Number?		
Is any prosecution of the driver expected or pending? If none, state none. If yes, give details.		
State exact use of the vehicle prior to the incident.	<i>The words BUSINESS / PLEASURE are not sufficient – the last know exact use?</i>	
State exact details of the Journey	<i>Travelling from/ to/</i>	
Was the vehicle being used in connection with the occupation of the Policyholder / driver?	Yes or No? <i>If yes, please supply full details -</i>	
Were any goods being carried? If yes, give particulars together with details of the Goods in Transit Insurers.	Yes or No? <i>If yes, please supply full details -</i>	

Section 2 - Particulars of Vehicle			
<i>Make and Model?</i>	<i>Registration Number?</i>	<i>Date of Registration?</i>	<i>Engine Size?</i>
<i>Colour?</i>	<i>Mileage?</i> km or miles?	<i>Left Hand Drive?</i> Yes or No?	<i>Import – please specify</i>
<i>Date of Purchase?</i>	<i>Price Paid?</i> currency?	<i>Method of Payment?</i>	<i>Current Value?</i> currency?
Does the Vehicle have an MOT certificate of equivalent document?			Yes or No?
MOT / (ITV) Reference Number:		Expiry Date?	
Does the vehicle have Road Tax? Yes or No?		Expiry Date?	
Has the vehicle been modified? If yes, please give full details. If none, state none.			
Was there any pre-incident damage? If yes, please give full details. If none, state none.			
What was the general pre-incident condition of the vehicle?			
Give details of any recent repair / maintenance work on the vehicle? If none, state none.			
Does the vehicle have any distinguishing features?			
Give details of any HP (finance) interest in the vehicle. If none, state none.			
Name and Address of person / Company from whom the vehicle was purchased?			



Section 3 – Theft Claim			
If this claim is Theft related please also answer the following questions, if not you can move down to Section 4 – please indicate (Yes or No)?			Yes or No?
Were all doors / windows locked and in working order?		Yes or No?	
Who had the keys at the time of the incident?			
Were the keys in the ignition / left in vehicle?		Yes or No?	
Please confirm who else had access to the keys?			
Please provide details of all residents at the home address?			
Was the vehicle fitted with an alarm / immobiliser? If none, state none. If yes, state make and model?		Please supply a copy of the installation certificate	
Was it engaged at the time of the loss?		Yes, No or not applicable?	
Please confirm how many ignition / card keys? < >	Alarm/ immobiliser fobs? < >	Please confirm how many door / boot keys? < >	
Have any of the ignition / card keys been (re-cut), replaced, re-ordered. If none, state none. If yes, please supply full details?			
Has any of the alarm fobs been replaced or had the battery replaced. If none, state none. If yes, please supply full details?			
If yes to any of the above last 2 questions, please confirm where they were obtained / ordered from? Please provide full contact details as enquires will have to be made in this regard.			

Section 4 - Vehicle Ownership	
Is the vehicle registered to the Policyholder? (If No, please provide the Registered Keeper details)	Yes or No?
Name of Registered Keeper	
Address of Registered Keeper	
Telephone Number / email for Registered Keeper	
Explain Relationship to Policyholder?	
If log book is not in the Policyholder's name state reason	

Section 5 - The Incident Location		
Date and Time of Incident?		
Location – road name / number and town?		
Confirm the Country where the Incident took place?		
If the incident occurred on premises, please state type?		
Who was to blame for the incident in your opinion?		
Was the European Accident Statement completed?		Yes or No?
Weather and road conditions?		
What speed limit was in force?		
What was the width of the Road?		
Any road furniture damaged?		Yes or No?
IF ROAD TRAFFIC ACCIDENT	YOUR VEHICLE	THE OTHER VEHICLE
Speed of vehicle prior to incident?		
What lights were displayed?		



What signals were given?		
What warnings were given?		

Section 6 INCIDENT DESCRIPTION Please provide a detailed explanation of exactly how the incident occurred, you can also include any other information you feel is relevant to this incident not covered in the above questions.
<p>Please draw a sketch of the road / location where the incident took place, showing positions of the vehicle(s) before and after the incident. Indicate the point of impact to each vehicle conveying the direction of travel and track by arrows, show all road signs, markings, pedestrian crossings & direction of nearest town, (if applicable).</p> <p>If you are sending this by email you can forward the diagram under separate cover when you forward the European Accident Statement</p>

Section 7 - Damage to your Vehicle	
Describe all the damage and explain how it took place on this occasion?	
If the vehicle subject to this claim is in a location where storage charges are at present being incurred it is in your best interest that you make arrangements to have the vehicle moved to a place of free storage. Overall responsibility is with you to mitigate losses in the event of a claim.	
What is the estimated cost of repairs?	
Are you responsible for the VAT / IVA on repairs to the vehicle?	Yes or No?
Are you intending to claim for the damage?	Yes or No?
Is the vehicle still in use?	Yes or No?
PLEASE SPECIFY A GARAGE – Due to the negotiation process the vehicle can only be inspected at the repairing garage – if this is going to be a problem please provide an explanation.	
Name, address & telephone number for the repairer (if known)	
If not in use, where is your vehicle at present?	

Section 8 – Third Party Details
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Make, Model and Registration Number	Damage Details / point of impact?	Name / Address/Tel. Number of owner and / or driver?	Name / Address of Insurer and Policy Number?	How many passengers were in this vehicle?

Was anybody injured as a result of this incident – If none, state none? Yes or No?

If yes, please give details of Injuries (including to your passengers), as follows:-

Name, Address and Telephone Number of Injured Person	Approximate Age	Nature of Injuries	State if pedestrian, own passenger or passengers in other party vehicle. If other party state vehicle injured party was travelling in.	Was seatbelt worn?

Did an ambulance attend the scene? Yes or No?

Was anybody taken to Hospital? Yes or No?

If so, were they detained? Yes or No?

Please also provide the name and address of the Hospital.

To date, has any claim been intimated against you, either verbally or in writing? Yes or No?

Section 9 – Witness Details (please provide details of all witnesses and passengers in both vehicle(s), if applicable).

Name and Address of own Passengers	Name and Address of any other witnesses

Section 10 – DECLARATION – (please read carefully)

I declare that the above statements are correct to the best of my knowledge and belief. I hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information with my knowledge connected with the loss and I agree to provide the Insurers any further information or documentation as may be required. I understand that any attempt to make a fraudulent claim will result in prosecution. I agree that my Insurers should deal with any Third Party claim as they see fit.

If you are happy with the information supplied please INSERT your name(s) to confirm the data -	<i>Please INSERT policyholder's name</i>	
	<i>Date</i>	
	<i>Please INSERT driver's name (if applicable)</i>	

Please confirm your Policy Number?

The statement provided by you on this document will be used to form the basis of the claim and any subsequent negotiations between you, our representatives, any third party and the authorities (where required).



If there is any information omitted or incorrect you have a duty to inform us immediately. Failure to disclose any material fact relevant to this incident or to your 'policy record' could invalidate the insurance or result in a claim not being paid. Please complete all questions and once this document is returned by you we will proceed with our enquires, subject to the terms and conditions of your policy.

If you omit to answer any of the questions it may delay the claim process and we may have to contact you to clarify the missing data. Therefore, please ensure all contact information is supplied, such as alternative address, telephone / fax numbers and email.

PLEASE REMEMBER TO RETURN THE FOLLOWING DOCUMENTATION IMMEDIATELY: -

- Fully completed European Accident Statement, (both sides);
- Tradewise Insurance Statement of Claim and Photo Identification;

Depending on the information supplied on the Tradewise Statement of Claim, we may contact you for additional documentation.

IMPORTANT – please read the following: -

- Report the matter immediately by completing the Tradewise Claim Form;
- If you have breakdown cover this is arranged through your Broker and not part of the Tradewise policy. Please refer to the paper work issued by your Broker;
- If you have comprehensive cover and you need to claim for your own vehicle damage, you can contact our appointed claims handlers for Tradewise Insurance Company Ltd. They are based in Cyprus to assist the easy handling of your claim. (WE DO NOT NEED TO WAIT FOR PAPERWORK TO START THE CLAIMS PROCESS) – You can call them direct as follows: -

Tradewise Insurance Company c/o Pancyprian Insurance Services 66 Grivas Dighenis Avenue PO Box 21352 1507 Nicosia Cyprus	Tradewise Insurance Company c/o Pancyprian Insurance Services Gladstonos & Anaxagoras Corner 52 3rd floor P.O.Box 54414 3724 Limassol Cyprus	Tradewise Insurance Company c/o Pancyprian Insurance Services Frixos Centre 33 Makariou III 4th Floor 6017 Larnaca Cyprus	Tradewise Insurance Company c/o Pancyprian Insurance Services 45 Ellados Avenue and Manis Str. Corner 8020 Paphos Cyprus
Telephone No. (00357) 22 743743 Fax No. (00357) 22 677656	Telephone No. (00357) 25 502000 Fax No. (00357) 25 502076	Telephone No. (00357) 24 503498 Fax No. (00357) 24 657548	Telephone No. (00357) 26 505255 Fax No. (00357) 26 923175

- If you are limited to third party cover only you still have to report the incident to allow the Claims Staff risk assess the situation, subject to the terms and conditions of your policy;
- Any legal action following a road traffic accident normally has to be pursued in the country where the incident occurred;
- Refer to your policy schedule for details of the excess applicable. Your excess is an 'uninsured loss' and part of the risk you accept when you purchase the policy from your Broker. If our claim handlers in Cyprus are dealing with your vehicle damage claim, the excess must be paid whether the claim is fault or non-fault – please refer to your Policy Booklet for full details;
- If liability is apportioned against another vehicle the claims handler can include your excess in the claim against the third party. However do not assume this will automatically be included and you should ask the Claims Handler to agree this. If you have paid for Legal Expense Insurance through your Broker you can refer the recovery of your 'uninsured losses' directly to this service;
- We suggest you check with your Broker to ascertain whether you purchased a Legal Expense Policy;
- Pursuing a recovery against a third party insurer in Cyprus can take time and we cannot promise a timescale that the recovery process will take. However in general the local Insurers do act reasonably and they do try and settle matters out of Court.
- Please note that we are not responsible for the recovery of your own personal losses and always recommend you seek Legal Advice in this regard. You can speak to our Claim Handling Agents in Cyprus to agree a cost/rate for them to recover your own personal losses, such as excess, hire charges, inconvenience, etc. This will be a private agreement between you and Pancyprian Insurance Services but stress that Tradewise Insurance Company Ltd take no responsibility for the personal advice you may receive in this regard, (the terms and conditions of our contract with you are clearly stated in the Policy Documents issued to you by your Broker).