

## RECOMMENDATION FORM

DRIVER CLAIMING PI		CLAIMING VEHICLE DAMAGE		CLAIMING HIRE		CLAIMING STORAGE		CLAIMING RECOVERY		CLAIMING AGAINST	
DRIVER DETAILS ( EVEN IF NOT CLAIMING)			CLAIMANT VEHICLE DETAILS				DRIVER INSURANCE DETAILS				
DRIVER NAME		V.R.N		DRIVERS INSURER							
DRIVERS ADDRESS		MAKE & MODEL		CONTACT NO							
CONTACT NO EMAIL:		COLOUR		POLICY NUMBER							
D.O.B		ACCIDENT TIME & DATE				POLICE DETAILS					
N.I NO		DATE		CAD NO							
OCCUPATION		TIME		NUMBER OF PASSENGER INCLUDING DRIVER							
DRIVER INJURY & GP DETAILS			WITNESS DETAILS					WITNESS DETAILS			
GP NAME		NAME		NAME							
ADDRESS		NUMBER		NUMBER							
TEL		ADDRESS		ADDRESS							
DATE OF GP ATTENDED		ANY PREVIOUS ACCIDENT (IF YES PLEASE GIVE DETAILS) IN THE LAST 5 YEARS									
HOSPITAL NAME ( IF ATTENDED)		DATE 1		DATE 2		DATE 3					
FRONT PASSENGER DETAILS			PASSENGER DETAILS					PASSENGER DETAILS			
FULL NAME		FULL NAME		FULL NAME							
ADDRESS		ADDRESS		ADDRESS							
NUMBER		NUMBER		NUMBER							
NI		NI		NI							
D.O.B		D.O.B		D.O.B							
GP ATTENDED DATE		GP ATTENDED DATE		GP ATTENDED DATE							
GP ADDRESS		GP ADDRESS		GP ADDRESS							
OCCUPATION		OCCUPATION		OCCUPATION							
PASSENGER DETAILS			PASSENGER DETAILS					PASSENGER DETAILS			
FULL NAME		FULL NAME		FULL NAME							
ADDRESS		ADDRESS		ADDRESS							
NUMBER		NUMBER		NUMBER							
NI		NI		NI							
D.O.B		D.O.B		D.O.B							
GP ATTENDED DATE		GP ATTENDED DATE		GP ATTENDED DATE							
GP ADDRESS		GP ADDRESS		GP ADDRESS							
OCCUPATION		OCCUPATION		OCCUPATION							
THIRD PARTY DETAILS				THIRD PARTY VEHICLE DETAILS				THIRD PARTY INSURANCE DETAILS			
FULL NAME		V.R.N		INSURER NAME							
ADDRESS		MAKE & MODEL		POLICY NO							
CONTACT NO		COLOUR		CONTACT NO							
BRIEF DESCRIPTION OF THE ACCIDENT & ACCIDENT LOCATION( PLEASE TRY AND OBTAIN VEHICLE IMAGES)						OTHER INFO					
WHERE IS THE VEHICLE		DOES THE CLIRET REQUIRE HIRE		STORAGE/REPAIRER DETAILS TEL:							
WHERE IS THE DAMAGE		HIRE PROVIDED BY		INSPECTION REQUIRED							
		START DATE									

Please provide the followings

- Two Forms of ID i.e. proof of address, photo ID (Can be submitted with CFA by client once the claim is accepted)
- Insurance Certificate (if Driver or insured driver)
- Driving Licence
- Google Image of Accident location or digital image
- Vehicle damage images are required as they reflect the extent of an injury sustained and to avoid (LVI) arguments if raised by TPI. If it is not possible for photographs to be taken, and submitted to these offices, you must advise us of the reasons WHY.
  - Failure to comply with these instructions will prevent payment(s) of the recommendation fee/marketing contract.