

Policy



From:	COMPETITION CAR INSURANCE	Policy Reference
Company:	Towergate Underwriting Group Limited	
Address:	72 Maid Marian Way, Nottingham, NG1 6BJ	Date
Phone:	0115 941 5255	
Fax:	0115 941 5215	

Claims Procedure

If you need to make a claim against your Accident Damage / On Event policy you will need to provide the following information in full.

- 1) A fully completed Damage Declaration form signed by an independent representative of the organiser of the event or test. (An original copy of the incident report from the venue supported by the entry list and results sheet is also acceptable)
- 2) A completed claim form giving the driver and vehicle details together with details of your chosen repairer.
- 3) Clear photographs of the damage, prior to any repair work. We prefer digital images, which can be sent by E Mail, but we will accept good quality normal format photographs. Polaroid or similar are **not** acceptable.
- 4) A fully priced estimate, including parts should be provided as soon as possible (We expect you to obtain any discounts available and to pass these onto the insurer).
- 5) No repairs should commence without our authority. In the case of single seaters requiring trackside repairs, the insured must have in place an immediate repair agreement. We will not pay for trackside repairs without this agreement being in place. All trackside repairs will be on a parts only basis as the labour cannot be of a specialist nature in these circumstances.
- 6) The policies specifically exclude all consumables. These include among other things the following:- Tyres, All Fluids, All oils, All friction materials (Including Carbon Fibre and Ceramic friction components), Fire extinguisher recharges, Advertising and sponsor supplied graphics, All recovery and transportation charges, Fuel.
- 7) Additional Fire cover (if applicable) only covers fire damage as a direct result of an accident/impact on event involving impact damage with an object other than the surface of the road. The fire must be immediate and as a direct result of the accident/impact. **Fires resulting from any other cause are not covered.** Please refer to the master policy / schedule for full terms and conditions.
- 8) We cannot entertain any claim on any policy for which the premium has not been received.
- 9) We will not entertain any claim that has not been notified to us in line with the terms of the policy.

Please ensure that you understand your policy and the terms and conditions attached to it.

We offer a speedy claims service in return for your co-operation in providing full and accurate claims information.

We make no apologies for delayed claims where information is incomplete, missing or inaccurate.

ALL INCIDENTS MUST BE NOTIFIED IN WRITING WITHIN 48 HRS

Incident Report Hotline 07973 934632 phone or text (24hrs / 7days).

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Claim Form

Driver:			
Home Phone:		Daytime Phone:	
Mobile Phone:		Fax:	

Vehicle:			
Registration:	(or Chassis Number)		
Owner:	(If Different to above)		
Home Phone:		Daytime Phone:	
Mobile Phone:		Fax:	

Location of Accident:			
Date of Accident:			

Please provide the following photographic evidence as soon as is possible:

Photos Taken Before Dismantling / Repairs:	
Photos Taken of Damaged Parts/Car After Removal:	

If the vehicle is now at a repairers or other location please give details:

Location of Vehicle:			
Contact Name:			
Address:			
Postcode:			
Contact Phone:		Contact Fax:	

Please give details of who is to receive the settlement payment:

Cheque Payable To:			
Full Name:			
Address:			
Postcode:			
Are you VAT Registered:		If Yes State % Recoverable:	

NOTE all information must be completed to ensure the claim is processed in the quickest possible time.

Please include the vehicle location Postcode.

Claims are administered on behalf of the Chubb Insurance Company of Europe SA not on behalf of the client. By completing this claim form, I/We give our informed consent to this process.

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Damage Declaration

Incident Report Hotline – 07973 934632 phone or text (24Hrs / 7Days)

Phone: 0115 941 5255 – Fax: 0115 941 5215 – Email:

Date	
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Incident Location	
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Car	Competition No.	Make	Model	Reg/Chassis No.
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Description of incident and damage:	
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- See statement at foot of page.

Driver Signature:	Driver Print Name:
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Driver Contact Details	Phone	Mobile	Fax	Email
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Event Official Title / Job:	
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Event Official Print Name:	
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- See statement at foot of page.

Event Official Signature:	
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- I/We declare that the information given is accurate and true to the best of my knowledge and belief. Nothing contained in this document infers any liability whatsoever for any third party loss or injury to any individual or organisation. It is without prejudice.

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