



# DriverProtect Cover



In association with RAC Legal Services

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

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: .....  
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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