



YOURSHIELD

COMMERCIAL INSURANCE BROKERS

Please complete all applicable fields

Policy Holder Name			
Policy Holder Address			
Insurer Name		Policy Number	
Driver Name		Date of birth	
Drivers Address		Any accidents, points, or convictions within the last 5 years?	
License Type		Date test passed	
DVLA medical conditions		Occupation	
Drivers telephone number		Is the company Vat Registered?	

Vehicle Registration		Make & Model	
Mileage/Modifications		Does the vehicle have a tracker?	
Driving with permission?		Reason for journey	
Registered Keeper		Does the vehicle have dash cam?	
Is the vehicle still driveable?		Where is the vehicle now?	
Area of damage		Do you require hire?	

Date of accident		Time of accident	
Number of passengers			
Passengers name, address and phone number			
Name(s) of injured parties			
Weather and road conditions			
Location (Include road name & post code)			
Circumstances			

Claims@Yourshield.co.uk | 0333 323 9660 Option 2



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Sketch

Who do you hold at fault?			
Your speed		Third party speed	
Police reference number		Witnesses	
Witness Name		Witness Phone Number	
Witness address			

Third party policy number			
Third party name		Third party registration	
Third party address			
Third party phone number		Make & Model	
Third party damage		Number of passengers	

Please provide the front and back of the driver's license, DVLA summary and any pictures pictures/footage you hold.

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