

SIGNATURE.....

70 EASTBOURNE ROAD SOUTHPORT, PR8 4DU

ADMIN@WEPAYANYEXCESS.COM

EXCESS CLAIM FORM

PLEASE COMPLETE THIS FORM AND RETURN TO US ALONG WITH COPIES OF THE **FOLLOWING DOCUMENTS:**

1 YOUR MOTOR INSURERS ACCEPTANCE OF THE CLAIM

(INDICATING THE INCIDENT DETAILS AND EXCESS APPLICABLE)

2 REPAIR INVOICE

(INDICATING EXCESS DUE)	
YOUR NAME	
YOUR POSTCODE	
YOUR DATE OF BIRTH	
YOUR TELEPHONE NUMBER	
EXCESS POLICY NUMBER	
VEHICLE REGISTRATION	
VEHICLE MAKE & MODEL	
VEHICLE CURRENT MILEAGE	
YOUR INSURER	
YOUR INSURER TELEPHONE NUMBER	
YOUR INSURER POLICY NUMBER	
INSURED VALUE OF VEHICLE	
POLICY EXCESS AMOUNT	
INCIDENT DATE & TIME	
INCIDENT DESCRIPTION	
POLICE DETAILS (IF APPLICABLE)	
DETAILS OF DAMAGE	
WAS THE INCIDENT YOUR FAULT YES	NO
THIRD PARTY NAME	
THIRD PARTY INSURER	
THIRD PARTY INSURER PHONE NUMBER	

.. DATE.