

Claimant			
	☐ Cycle Rider☐ Bike Rider☐ Road Side worker		

Claim Form (RTA)

171 Maxwell road Road Glasgow G41 1TG Free Phone: 0333 5777736 Email: claims@aaclaims.co.uk

Personal Details	Accident Description:	
Name:		
Address:		
Post Code:Tel. No:		
Mobile No.:		
Date of Birth:N.I No.:		
Insurance company:		
Policy No.:		
Fully Comprehensive:		
Vehicle Make: Model:		
Reg. No.:	Witness Details:	
Accident Location:		
RTA Date & Time:		
Injuries Suffered: Whiplash (sore/stiff neck &/Back)		
Broken Limbs (Please Specify)	PC Details:	
Cuts Shock Shaken up Trembling	1 0 Dotaliel	
Loss of Sleep Concussion Anxiety		
Hospital Attended: Yes No		
Hospital Name:	Accident Sketch:	
Address:	ļ.	
GP Attended: Yes No	<u> </u>	
GP Name:		
Address:	li i	
If you were passenger in vehicle please tick appropriate box.		
F.Passenger D.R.Passenger F.R.Passenger	li i	
Claiming: Car Money Personal Injury Loss of Earning	li i	
Storage & Recovery Loss of Use		
Third Douby Dotailes		
Third Party Details:	<u> </u>	
Name:	I irrevocably instruct AA and their agents to act on my behalf in conjunction with any parties and if appropriate to issue legal	
Address:	proceedings. I authorise AA and their agents to disclose any	
	information relating to my claim to any party whom feel appropriate. Furthermore. I confirm the above information is	
Postcode:Tel. No.:	correct and a true a accurate version of events. If information comes to light during my claim that proves fraud or if i wish to	
Mobile No:	take my case elsewhere then i expect costs may be incurred to myself.	
Make & Model:Reg. No.:	,	
Insurance Company:		
Policy No.:	Client Signature:Date:	