



Kilby Bridge, Welford Road, Wigston, Leicester, LE18 3TE 0116 2849067

Insurance Pack, certificate, claims forms and additional driver proposal forms

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SAFE DRIVING

- Before driving make sure that the vehicle is safe and legal
- If freezing conditions or snow, make sure windows are clear and wipers are not frozen to the window screen
- Do not drive under the influence of alcohol or drugs
- Adhere to driving laws and regulations regarding the use of mobile handheld devices and smoking.
- If using for driving tuition it your responsibility to your make sure your student is also aware and adheres to all road traffic laws and regulations
- Make sure items like Dash cameras are operational and mount in the correct area or the screen
- Microchips on dash cameras require periodic formatting to make sure they record any incidents, it is suggested that they be checked and files downloaded or deleted weekly (most cameras will not over write any footage recorded as incident), this can be triggered by speed humps, clipping kerbs, pot holes, sharp / heavy breaking, turning corners or roundabouts quickly, once the microchip as recorded these it may fill the microchip and will not record any further incidents, and could miss vital incident recording which could help in the event or incident or crash.
- During periods of bad weather' it is your responsibility to assess if conditions are suitable for teaching novice drivers.
- It is your responsibility to ensure yours and the safety of others in a vehicle under your control
- Ensure oil, water, screen washer (suitable strength additive in winter) are kept topped up
- Tyres should be checked at least weekly to make sure legal and safe (minimum legal depth 1.6 mm) across the central 75% of the tyre width (for example on a tyre 195 mm across, 24mm (edge of tyre) each side of the centre can be below the legal limit of 1.6mm). if in doubt have them checked by one our approved dealers. Refer to owner's manual for correct pressure for your vehicle, tyres should be changed when worn to 2mm **CA Cars** Policy allows tyre to be renewed when a tyre reaches **2mm in the central area**, these can be changed at any of CA's approved dealers refer to your service sheet in your handbook or contact CA Cars 0116 2849067 if unsure
- Lights should be checked weekly, for operation or damage.
- Never drive when tired or fatigued
- Remember there is no such thing as an accident all accidents can be prevented. Police and insurance companies no longer use the term "ACCIDENT" it's a crash or an incident.
- Make sure your car is safe and your skills and standards are at their best to minimise any risks to you and your passengers.

Making a claim:

If you are unfortunate to be involved in a motor incident, there is normal a claims form in this pack, it is also available from our website. www.cacars.co.uk.

Before leaving the car make sure no one is seriously injured engine is switched off and hand brake is on. If there is any one seriously injured police or ambulance must be called.

Remember it is illegal to leave the scene of an accident where a vehicle or persons are involved. It is a legal requirement to give any other parties involved, the insurance information eg policy number insurance company and vehicle details

Please report incident as soon as possible to CA Cars Ltd 0116 284 9067 during normal working hours

If you need any further information we will gladly help,

during working hours 8.30 to 5.30 Monday to Friday, please phone 0116 284 9067

If the vehicle is driveable and legal, please continue to use until a replacement or alternative vehicle can be supplied.

If your car is fitted with a dash cam please ensure that all relevant footage is kept and emailed to us as soon as possible.

If you require further help please contact us, and have the following information to hand

Details you need to obtain at the scene

- Date and time of the incident.
- Photographic evidence (if possible, most phones have the facility to take a photo)
- Location of the incident. E.g. Road Number, post code.
- Telephone number, name and addresses of parties involved and their vehicle registration number(s), if known. Photo where possible
- The name of their insurance company and policy number if available.
- Take photos of the 3rd party vehicle's including registration plate & any damage
- Take photos of your vehicle damage
- Make a note of how many people are in the 3rd party vehicle.
- We will need the full name and address of the person driving our vehicle, date of birth, how long driving licence held and type of licence, contact number, occupation, & any disabilities or driving convictions. (All of these details to be filled on claims forms attached)
- If it necessary to contact the police, please keep a note of their incident reference number and the station reported to.
- If the vehicle is undrivable following and incident, the recovery company relevant to your vehicle can be called. This number can be found in the paperwork in your vehicle hand book.

Important points to remember

- Do not admit that you are responsible, make any offer or promise of payment without written permission from your insurer.
- Send your insurer written details as soon as possible after any accident, injury, loss or damage, including any correspondence received from a third party.
- Send your insurer, unanswered, any letter or other communication as soon as you receive it from anyone else involved. Immediately tell your insurer about any prosecution, coroner's inquest or fatal accident inquiry involving any person covered by this insurance.

Injuries and policy excess's

In the event that you, your Student or passengers are injured, following a **non-fault** claim, as part of your insurance with **CA Cars Ltd** we have uninsured loss cover which is administered by MSL.

This covers for Personal injury hire, loss of earnings in some cases.
There is no charge for this as it is part of the insurance.
MSL will contact you shortly after claims forms / notification has been received.

In the event of a fault incident and the car is drivable,
CA Cars Ltd will provide a temporary vehicle when available.

There is a fault incident policy excess of £500 on the first claim, during the contract period, any subsequent fault incidents will carry a £750.00 Excess
There must be front & rear dashcam footage available or the Excess will Increase to £1500

It is your responsibility to ensure you obtain information from any 3rd party involved.
If the vehicle is it while parked of 3rd party hasn't stopped and no information obtained the Insurance excess will be chargeable to yourself.

In the event that the incident is a **non-fault** and all information is collected and proved to be correct, our insurance company will attempt to recover excess from the 3rd party insurance company on your behalf where possible.

Claims forms must be returned within **48 hours**, any claims forms returned later than 7 working days will incur a penalty of £250 on top of any policy excess making total excess payable Of £750, (this element of the excess is not recoverable)

Glass breakage is covered on a separate policy to your normal vehicle insurance and you should Call **0800 616122** and quote **CACARS BN5624**. Glass cover carries a £150.00 excess payable to National windscreens at the time of replacement and and additional £150 + VAT (£180) if the glass requires ADAS re-calibration. National Windscreens will carry out a parts check and advise this before work is completed.

Please do not have any window glass replaced other than by National windscreens or their appointed repairer, as it may not be covered by our glass insurance and could be charged back to you.

Proposal FormMain Driver: driving instructor Contract name

X _____

1	Who will be the main person driving the car:		
2	Will there be any other personal drivers i.e. spouse partner son/daughter etc (If yes go to 3)	Yes	No
3	Do any of items 7 to 14 apply to other drivers proposed: (if yes please give details) Driver 1: Driver 2:	Yes	No
4	How many years have you held a full UK license for:	Years	
5	Date of Birth:	/ /	
6	Type of instructor, License and ADI. numbers:	ADI	PDI
7	Have you had any accidents in the last 5 years (if yes go to 8 /if no go to 11):	Yes	No
8	Who was at fault Driver /pupil, other if own fault go to 9 & 10:	Own	Other
9	Name of the insurance company liable for claim:		
10	What was the approximate value of the claim:	£	
11	Have you ever been turned down for insurance in the past: (If yes go to 12 / if no go to 13)	Yes	No
12	What was reason given and by which insurance company:		
13	Have you any points on your driving license (if Yes go to 14 if No go to 16) Code Ref No.	Yes	No
14	Give details of any endorsements or convictions:		
15	Do you have any other occupation other than driving tuition?		
16	Proposed start date:	/ /	
17	Proposal Agreement tick if proposer accepts:		
18	Do you require any sight correction i.e. Glasses or contact lenses		
19	What was the date of your last eye test		

Please enclose a copy of:

1. The driving license and ADI/PDI license for yourself.
2. The driving license of any other drivers.
3. Copy of Current insurance company renewal notice.

Signed: _____

For office use only Date on insurance / / Signed

MOTOR VEHICLE INCIDENT FORM FOR LEASE VEHICLES

OUR REF **CA/21/**

INS CLAIM NOs

POLICY DETAILS

POLICY HOLDER: COMMERCIAL ASSOCIATES LTD (CA CARS) CONTACT No **0116 2849067** FAX **0116 2750434**

POLICY NO: **08/BV/29086424/02** Contact Person **Demi Morgan**

DRIVING INSTRUCTOR DETAILS

PERSON DRIVING AT TIME OF INCIDENT

Full Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Post Code _____ Tel No: _____

Date of Birth _____ Mobile No: _____

Type of Licence _____ For how long _____

Country of issue _____

Details or any previous incidents within last 5 years:

Details of any convictions in last 5 years:

Details of any illness or physical disability:

Full Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Post Code _____ Occupation _____

Date of Birth _____ Mobile No: _____

Type of Licence _____ For how long _____

Country of issue _____

Details or any previous incidents within last 5 years:

Details of any convictions in last 5 years:

Details of any illness or physical disability:

YOUR VEHICLE DETAILS

Make _____ Model _____ CC _____

Year of Make _____ Registration No _____ Date of Purchase _____

Details Of any Modifications **Dual Controls** Current Miles _____ Owner Details **CA Cars**

USE OF VEHICLE AT TIME OF INCIDENT

Purpose of Journey _____ Vehicle used in connection with employment _____

Type of goods Carried _____ Own goods _____

Was a trailer attached _____ Type: _____

DAMAGE TO VEHICLE /TRAILER

Extent of damage to vehicle _____ Area of damage _____

Labour Cost £ _____ Where can Vehicle be inspected _____

Damage to trailer _____ Area _____ Labour cost £ _____

Is the Vehicle Driveable? Yes No

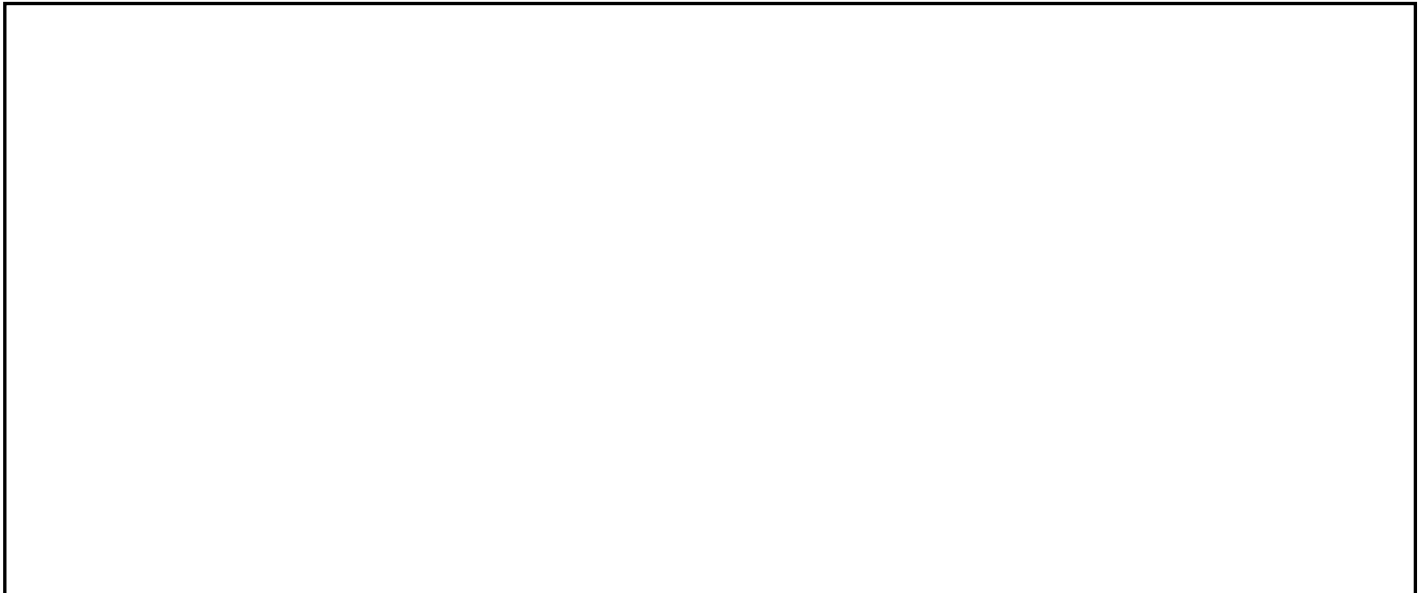
As the vehicle been recovered? Yes No

CIRCUMSTANCES SURROUNDING THE INCIDENT

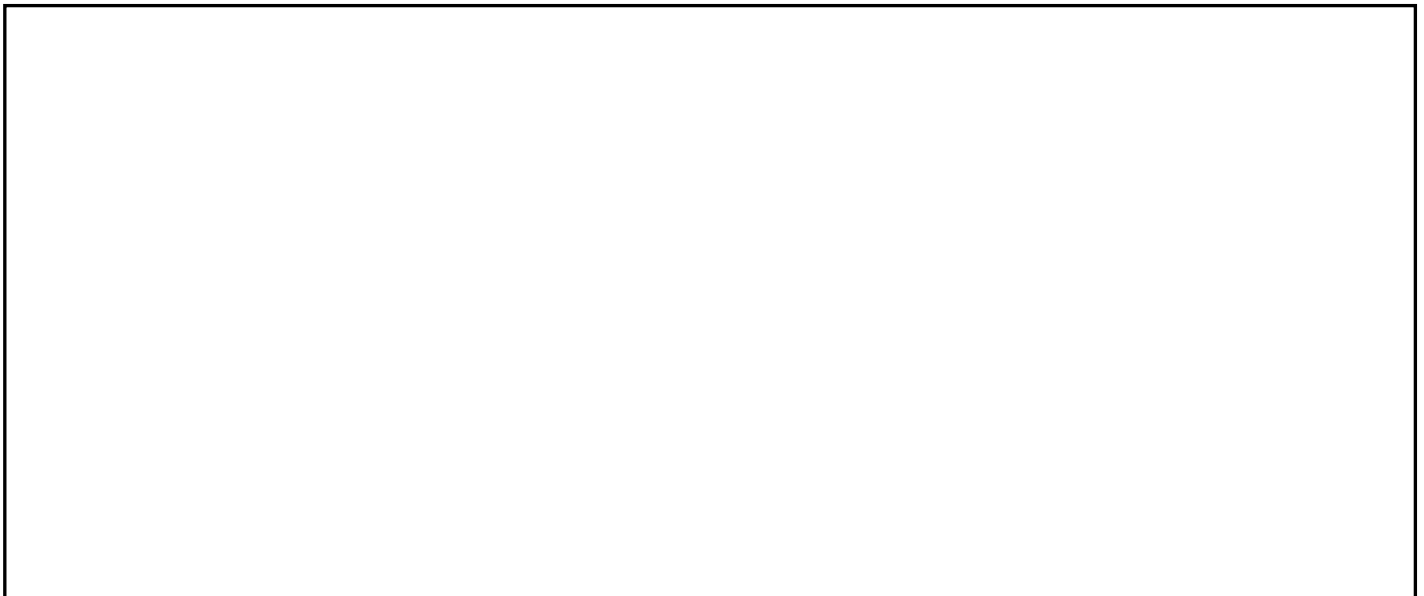
Incident Date _____ Location _____ Time _____

Accident Description

Please provide a Sketch of the incident showing vehicle & any signs etc. BEFORE the incident took place



Please provide a Sketch of the incident showing vehicle & any signs etc. AFTER the Incident took place



LIABILITY AND ROAD CONDITIONS

Whom do you consider to blame for the incident _____		
Weather conditions _____	Visibility _____	Road surface _____
Road Width _____	Speed Limit _____	Your Speed _____
Lights displayed _____	Signals displayed _____	No: of passenger's _____
Police attending _____	Police Station _____	Police officer _____

OTHER PARTIES INVOLVED

Name _____		
Address _____		
Vehicle Make: _____	Registration No: _____	Colour _____
Insurance Co: _____	Policy No: _____	No of Passenger's _____

WITNESS 1

WITNESS 2

Name _____	
Address _____	
Tel No _____	

INJURED PARTIES

Name _____	
Address 1 _____	
Address 2 _____	
Tel No. _____	
Injuries _____	

DECLARATION

For Data Protection Act purposes, I/We acknowledge that any personal data secured from Me/Us as a result of submission of this claim will be held and processed for insurance administration and claims investigation. For this purpose, the information may also be passed to selected third parties and reinsurers. I/We consent to you processing sensitive data about me/us and other persons who may be insured under the contract. I/we understand that all personal data I/we supply must be accurate and I/we have the specific consent of those other persons insured to disclose their personal data.

I/we declare that to the best of my/our knowledge and belief the forgoing particulars are true in every aspect. I/we request you deal on my/our behalf with the claims arising herein, in accordance with the terms and conditions of the above mentioned policy and I/we authorise you and your solicitors on my/our behalf to make such admissions and give such consents as you may consider necessary for the disposal of such claims and litigation arising there from. I/we understand that you may seek information from other insurers to check the answers I/we have provided. Telephone calls may be recorded.

Signature of Driving Instructor _____

Date _____

IMPORTANT NOTICE READ THIS CAREFULLY

Insurers and their agents pass information to the claims & Underwriting Exchange Register run by Insurance Database Services Ltd (IDS Ltd) and the Motor Anti-fraud & Theft Register run by the Association of British Insurers (ABI). The aim is to help us to check information provide & also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim, we will pass information relating to this incident to the registers. We also make enquiries with credit reference agencies who may note that an enquiry has been made about you.

Certificate of Motor Insurance



Certificate Number: **BV/29086424**

600

Agent Number: **08/015972**

1 **DESCRIPTION OF VEHICLE:- ANY MOTOR VEHICLE OWNED BY OR HIRED OR LEASED OR LOANED TO THE POLICYHOLDER.**

2 Name of Policyholder:

COMMERCIAL ASSOCIATES LIMITED

3 Effective Date of Commencement of Insurance
for the Purposes of the Relevant Law:

12.00 hrs 23 February 2021

4 Date of Expiry of Insurance:

12.00 hrs 23 February 2022

5 Persons or Classes of Persons Entitled to Drive:

ANY PERSON DRIVING WITH THE POLICYHOLDER'S PERMISSION.

Provided that the person driving holds a licence to drive the vehicle or has held and is not disqualified from holding or obtaining such a licence.

6 Limitations as to Use:

FOR SOCIAL DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS OR PROFESSION.

This policy does not cover

USE FOR HIRE OR REWARD, RACING, RELIABILITY TRIALS, SPEED-TESTING IN ANY COMPETITION IRRESPECTIVE OF WHETHER THIS TAKES PLACE ON ANY RACE TRACK OR CIRCUIT, OR MOTOR TRADE PURPOSES.

(see reverse)

I hereby certify that the Policy to which this Certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Guernsey, the Island of Jersey and the Island of Alderney

AUTHORISED INSURERS

Allianz Insurance plc

ADVICE TO THIRD PARTIES

Nothing contained in this Certificate affects your right as a Third Party to make a claim.

Jonathan Dye
Chief Executive

NOTE: For full details of the Insurance cover reference should be made to the policy

Allianz Insurance plc. Registered in England, No.84638.
Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB. United Kingdom

Allianz Insurance plc is a member of the Association of British Insurers
Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 121849. www.allianz.co.uk

European Cover

The Insurance evidenced by this Certificate of Motor Insurance extends to include the compulsory motor insurance requirements of any other member of the European Union, Iceland, Norway, Switzerland and Croatia.

El seguro constatado por el presente Certificado de Seguro de Automóviles se amplía para incluir los requisitos del seguro obligatorio de automóviles de cualquier otro país miembro de la Unión Europea, Islandia, Noruega, Suiza y Croacia.

Die vorliegende Versicherung gilt auch überall in den Ländern der Europäischen Union sowie in Island, Norwegen, der Schweiz und in Kroatien. Die Versicherung bietet auf jeden Fall die für die jeweiligen Länder gesetzlich geforderte Mindestdeckung.

L'assurance objet de la présente attestation d'assurance automobile s'étend et satisfait aux exigences d'assurance automobile obligatoire de tout autre pays membre de l'Union Européenne, L'Islande, La Norvège, la Suisse et la Croatie.

L'assicurazione comprovata da questo Certificato di Assicurazione Automobilistica si estende ad includere i requisiti d'assicurazione automobilistica obbligatoria di ogni altro paese membro dell'Unione Europea, Islanda, Norvegia, Svizzera ed Croazia.

Important

1. Driving other vehicles

If section 5 of this certificate of Motor Insurance contains a sentence marked '**' Your attention is drawn to the fact that irrespective of the basic policy cover, Third Party only cover applies under this extension and there is no cover in respect of loss or damage to the motor vehicle being driven.

2. Limitations as to use (Section 6 Overleaf)

Use by any person only includes driving by that person if permitted under Section 5 – Persons or classes of persons entitled to drive.

Addition or change of vehicle

Unless stated otherwise on the face of this Certificate of Motor Insurance, if the registration mark of Your vehicle is shown You must obtain a new Certificate of Motor Insurance or cover note for any additional or replacement vehicle before any insurance cover is in force in respect of such vehicle.

If the registration mark is not shown you must inform us of the change or addition within the terms of Your policy stating the following information:- make and model, cubic and capacity, year of manufacture, estimated value and registration mark.

Failure to do so may mean that the protection of Your policy is not fully operative (cover required by virtue of the relevant law shown on the face of this Certificate of Motor Insurance is not affected).

In the event of an accident

1. Do not make any admission of liability nor give money to any injured person.
2. Obtain the name and address of any other driver and registration mark of any other vehicle involved.
3. Obtain Insurance Certificate details from any driver You hold responsible for causing the accident and give such details to anyone that similarly holds you responsible (You are compelled to provide such information by the Road Traffic Act 1998).
4. Obtain the names and addresses of any witnesses.
5. Record the position in the road of your vehicle and any other vehicle involved.
6. Inform us as soon as reasonably possible – call our **claims START service on 0330 102 1998**