

# Claim Form

## Autolife Mechanical Breakdown Insurance Claims Procedures

In the event of a claim under your policy, please follow these instructions -

1. Phone Autolife on 0800 288 654 to advise details of your claim and to ascertain the name of the nearest **MTA Approved** Authorised Repair Facility.
2. Discuss with Autolife the best way to deliver your vehicle to the Authorised Repair Facility (it may need to be towed if it cannot be driven safely without causing further damage).
3. On arrival at the Authorised Repair Facility, present your Warranty Booklet so the repairer can determine if the breakdown constitutes a valid claim under the terms of the policy.
4. The Authorised Repairer will contact our office to discuss the nature of the claim, the estimated cost of repair and to seek authorisation to complete the repairs.

Please also note the following **important** items -

1. It may be necessary for the repairer to dismantle parts to determine the cause of the fault. In this case only **you** can authorise this work as the contract for repair is between yourself and the repairer. Once the fault and its cause have been correctly determined we may then agree to indemnify you in relation to the costs covered by this policy.
2. You will be required to complete this Claim Form and attach copies of Service Invoices.
3. Failure to follow these procedures may prejudice your entitlement to claim.
4. Repairs commenced without the **prior** approval of Autolife **will not** be covered.

### You complete this section.

Firstly, tell us about **you** and **your** car

Your Policy No.	<input type="text"/>	Date of Claim	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your Name	<input type="text"/>		
Your Address	<input type="text"/>		
Vehicle Make	<input type="text"/>	Vehicle Model	<input type="text"/>
Registration	<input type="text"/>	Odometer	<input type="text"/>

Now, tell us what happened to **you** and **your** car

Briefly describe the fault or failure that you are claiming for today

And when did <b>you</b> first notice this fault or failure?	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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