



Excess Recovery Insurance Policy

Claim Form

In order to submit a claim on your Excess Recovery Insurance Policy you must have firstly submitted a claim to your Motor Insurer who in turn have dealt with the claim for the damage to, or loss of, your motor vehicle, and you must have either paid the excess amount under your Motor Insurance policy to the garage who repaired your vehicle or have had the excess amount deducted from any settlement given to you by your Motor Insurer. *(Please refer to your policy document for full details of cover, general conditions and exclusions).*

To make a claim please complete the sections on the form overleaf and then submit this form together with:

- 1) A copy of the Schedule of Insurance for your Excess Reimbursement Insurance Policy.
- 2) A copy of the Certificate of Insurance issued by your Motor Insurance company.
- 3) A copy of the receipt issued to you for the amount of the excess by the garage that repaired your vehicle, **or** confirmation from your Motor Insurer that they have deducted the amount of the excess from the settlement that they have made to you.

Important – in order to process your claim we need **all three** of these items to be submitted.

This completed form, and the documents detailed above should then be sent to:

Mulsanne Insurance

Garrick House

161 High Street

Hampton Hill

Middlesex TW12 1NG

Alternatively you may fax the documents to 0844 557 0162 or e-mail as below.

If you do need to contact us for any reason then you can:

E-mail us at: excessrecovery@mulsanneinsurance.com

Or call us on: [0344 573 1241](tel:03445731241)

Personal Details

Policy Holders Name	<input type="text"/>
Policy Holders Address	<input type="text"/>
Telephone	<input type="text"/>

Claim Details

Type of Claim	<input type="text" value="Accident / Fire / Theft / Malicious Damage"/>
Date of Accident/Fire/Theft	<input type="text"/>
Amount of Excess Deducted	£ <input type="text"/>

Payment Details

Reimbursement will be made directly by us into a Bank or Building Society account.

Please supply the following details:

Name of Bank/Building Society	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Name of person holding the Account	<input type="text"/>
Sort Code	<input type="text"/>
Account Number	<input type="text"/>

Please remember that once we have made payment of this claim that your Excess Reimbursement Insurance Policy is deemed to have been fulfilled and is therefore no longer effective. If you wish to take out another new policy then please contact your Insurance Intermediary to arrange this.