LEXUS FINANCIAL SERVICES

MINOR DAMAGE PROTECTION CLAIM FORM

Please check and fully complete all relevant sections below.

Reference Numbers

MDP Policy Number:	LF	Claim Reference Number:	
MDP Product:	Lexus Minor Damage Protection Insurance		

Policy Holder Details

Title:	First Name:	Last Name:

Occupation:			
Address:			
Post Code:		Date of Birth:	
Preferred Telephone Number:		Alt Contact Number:	
Email Address:			

Vehicle Details

Registration Number:		Make:	Lexus
Exact Model (inc. engine size & fuel type):			
Date of First Registration:		Mileage at Delivery:	
Purchase Date:			
Purchased From:			
If personalised Plate, please provide original Registration No:			

Is the vehicle used for business purposes? ☐ Yes ☐ No

Lexus Minor Damage Protection is underwritten by Aioi Nissay Dowa Insurance UK Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 816870. Aioi Nissay Dowa Insurance UK Limited is registered in England and Wales (Company Number: 11105895), registered office: 52-56 Leadenhall Street, London, EC3A 2BJ.

Lexus Minor Damage Protection is administered by Nukula Limited T/A InsureThat which is authorised and regulated by the Financial Conduct Authority No. 616475. Nukula Limited is registered in England and Wales (Company Number: 07646376), registered office: Sterling House, Sitka Drive, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG.

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Claim Details

Date of Incident:

Mileage at time of Incident:

Have you received your policy documents? ☐ Yes ☐ No

Is the damaged area on the bonnet, roof or boot? ☐ Yes ☐ No
(Please note affected areas will be filled and sealed to prevent corrosion but damage may still remain slightly visible)

Is the damage (on the bonnet, roof or boot) greater than a stone chip? ☐ Yes ☐ No

Is the damaged area either ripped, torn or perforated? ☐ Yes ☐ No

Please provide details of the incident in which your vehicle damaged. (Use additional pages if required)

What was the vehicle being used for at the time of the incident?

Who was driving / in possession of the vehicle at the time of the incident? (Please provide full name)

Was the accident caused by another party, which was not your fault? ☐ Yes ☐ No

Have you made a claim against your own motor insurer or directly against the other party's motor insurer? (If no claim made, leave blank) ☐ Own ☐ Other Party

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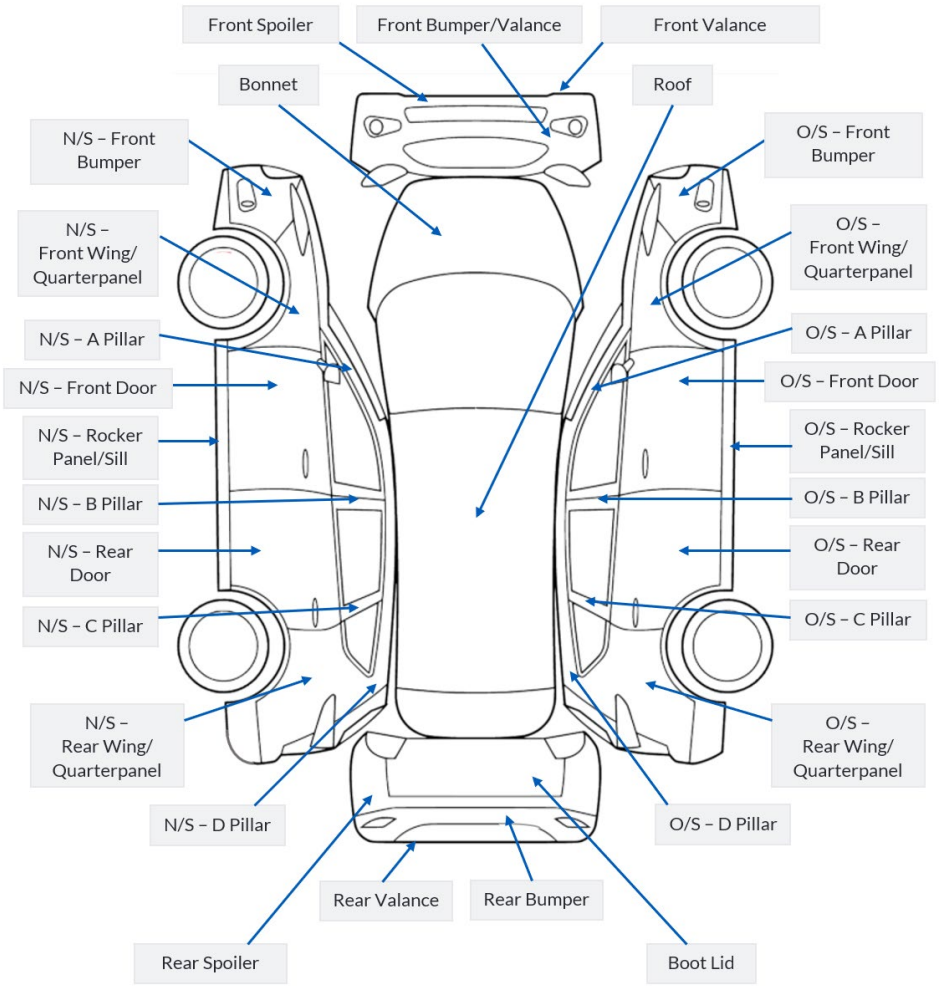
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Damaged Area

Please mark in the table below, using numbers, each area of damage:



Now, complete the list below for each damage you have indicated:

Damage	Area	Width	Type
#1	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#2	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#3	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#4	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip

If there are more than four damages, please continue list on separate sheet. The maximum number of damages per claim is 4 – please complete these as damages #1 - #4 above, as additional damages will not be repaired.

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Repair Location

What is your preferred location for repairs (Include full address and postcode)

I will be able to remain present at this location during the repair (Up to 4 hours).	☐ Yes	☐ No
There will be at least 2.0 meters of clear space around my vehicle for the duration of the repair.	☐ Yes	☐ No
There is clear, natural light at my preferred repair location.	☐ Yes	☐ No
There is an accessible power source at my preferred repair location (UK 230V Socket).	☐ Yes	☐ No

Supporting Documentation Checklist

The following documents must be submitted with this claim form (where applicable):

- ☐ Close Up Photograph (of each damage)
- ☐ Further Away Photograph – with complete damaged panel(s) in view (of each damage)

Guide on how to take a photo ⓘ

Take or upload two photos for each damaged area, at least one close up and one full vehicle in view where the damage is located.





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Declaration

☐ I declare that all of the information provided is correct, and that I have not withheld any information which may impact the insurers decision about the acceptance of this claim.

☐ I understand that as the Policyholder, it is my responsibility to supply all requested supporting documentation required to assist in the settlement of my claim.

Signed:		Print Name:		Date:	

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Appendix 1 - Continued Damage Sheet

If you have more than 4 damages, please add the damage to this sheet. Please note that the maximum number of damages per claim is 4.

Damage	Area	Width	Type
#1	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#2	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#3	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#4	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#5	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#6	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#7	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#8	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#9	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip
#10	-- Select Option --	0.00 cm	☐ Scuff ☐ Scratch ☐ Dent ☐ Chip

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