

Motor Accident Report Form

- When completing this form, please tick the appropriate boxes and answer all questions using block capitals.

Policy Number

Claims Reference

Broker

1 Policyholder

Title

Forename(s)

Surname

Date Premium Paid (dd/mm/yyyy)

Home Address

Business Address

Postcode

Postcode

Telephone Number

Telephone Number

Age

Date of Birth (dd/mm/yyyy)

Precise Occupation(s) (Part/Full Time)

Employer's Business

Is the Vehicle Owner VAT Registered?

Yes

No

2 Driver/User

Title

Forename(s)

Surname

Home Address

Postcode

Telephone Number

Age

Date of Birth (dd/mm/yyyy)

Precise Occupation(s) (Part/Full Time)

Employer's Business

- a** Please select the type of driving licence the driver has for the vehicle being used:

Full Licence – More than 2 years experience

Full Licence – 1-2 years experience

Full Licence – Less than 1 years experience

Provisional Licence

None

- b** Has the driver any Motor Insurance in his/her own name?

Yes

No

If **yes**, state Insurers, Policy/Certificate No.



2 Driver/User *continued*

c Has the driver

i any physical or mental defect, impairment of sight/hearing diabetes or epilepsy?

Yes No

ii any motoring convictions in the last **5 years** or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?

Yes No

iii any previous accidents, losses or thefts in the last **3 years**?

Yes No

iv any criminal convictions (or been charged with a criminal offence but not yet tried)?

Yes No

v any County Court Judgements registered against him/her in the past **6 years** or defaulted on any credit agreement (including loans)?

Yes No

If **yes** to questions **i** to **v**, give details

3 Details of Vehicle and Use

Make Model

Cubic Capacity Colour

Registration Number Year

a What is the present mileage of the car?

What is the annual mileage?

Estimate of Current Value

b What was the vehicle being used for?

c Travelling from

to

d Has the vehicle been modified/alterted? Yes No

e Was the vehicle being used in connection with the occupation of the Policyholder or Driver?

Yes No

f Is the Policyholder the owner and registered keeper?

Yes No

If **no**, state name and address of Owner/Registered Keeper Owner's Insurers and Policy/Certificate No.

g Is the Policyholder the main user of this vehicle?

Yes No

If **no**, give details

4 Damage to Vehicle

Our Approved Repairers have authority to commence repairs immediately. Contact your Broker/Agent for details.

Alternatively, submit a repair estimate.

a Is the vehicle driveable? Yes No

b Extent of damage:

None Minor Extensive Beyond Repair

Brief details of damage

c Present location of vehicle

If vehicle is damaged beyond repair we may move it to safe storage – please remove your personal effects.

5 Details of Accident

Date	Time					Did a Police officer take details?	Yes	No
Place	Speed Limit					Was any warning of intent to prosecute given?	Yes	No
						If yes , state Officer's No., Station and details of warning		
Road Conditions:								
Wet	Dry	Icy	Daylight	Dark	Dusk	Who was responsible for the accident and why?		
Were there street lights?			Yes	No				
If yes , were they lit?			Yes	No				

6 Description of Accident

Sketch Plan (Please show Road Signs, Markings etc.)

If necessary continue on a separate sheet

7 Details of other parties involved

[illegible]

8 Persons Injured

Name/Address (Driver, Front/Rear Passenger or Pedestrian)	Apparent Injury	Registration Number	Seat belt in use? (tick if Yes)	Taken to hospital? (tick if Yes)

9 Witnesses

Name/Address/Phone Number	Age (if under 18)	Your passenger? (tick if Yes)

I declare that to the best of my knowledge and belief the details given are true. I understand that if a claim is intentionally exaggerated or fraudulent or if any fraudulent means or devices are used to obtain benefit under the Policy then no payment will be made and further action may be taken as detailed in your Policy document. If the vehicle is beyond repair I authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give agreement as may be considered necessary for the disposal of such claims and litigation arising. I authorise the release of my DVLA records. I understand you may seek information from other Insurers to check the answers I have provided.

Insurers pass information to the claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and 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.

Signed (Policyholder)

Signed (Driver)

Date (dd/mm/yyyy)

