

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Policyholder

Mr/Mrs/Miss/Ms	Forename(s)	Surname	Date Premium Paid (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	Business Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode	Postcode

Telephone Number	Telephone Number
<input type="text"/>	<input type="text"/>

Age	Date of Birth (dd/mm/yyyy)	Precise Occupation(s) (Part/Full Time)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employers Business	Is the Vehicle Owner VAT Registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>			

2 Driver/User

Mr/Mrs/Miss/Ms	Forename(s)	Precise Occupation(s) (Part/Full Time)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname	Employers Business
<input type="text"/>	<input type="text"/>

Home Address	a Does the driver/user hold a UK Driving Licence Full or Provisional?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	If yes, please indicate Full <input type="checkbox"/> Provisional <input type="checkbox"/>
<input type="text"/>	b Has the licence been held for over 12 Months?
Postcode	Yes <input type="checkbox"/> No <input type="checkbox"/>

Telephone Number	c Has the driver any Motor Insurance in his/her own name?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Age	Date of Birth (dd/mm/yyyy)	If yes, state Insurers, Policy/Certificate No
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>
		<input type="text"/>



2 Driver/User *continued*

d 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** State the exact reason for the journey

- 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** Does the Policyholder own or have the use of more than one vehicle?

Yes ☐ No ☐

If **yes** to questions **d**, **e** or **f**, give details, including Policy No and name of Insurers of other vehicles.

- g** Is the Policyholder the owner and registered keeper?

Yes ☐ No ☐

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

- h** 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 <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Was any warning of intent to prosecute given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Place	Speed Limit	If yes , state Officer's No, Station and details of warning		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>				
Road Conditions:				
Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Icy <input type="checkbox"/>	Daylight <input type="checkbox"/>	Dark <input type="checkbox"/>
Dusk <input type="checkbox"/>				
Were there street lights?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes , were they lit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Who was responsible for the accident and why?				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

6 Description of Accident

<p>Sketch Plan (Please show Road Signs, Markings etc.)</p>	<p>Sketch Plan (Please show Road Signs, Markings etc.)</p>
--	--

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? (delete where appropriate)	Taken to hospital? (delete where appropriate)
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

9 Witnesses

Name/Address/Phone Number	Age (if under 18)	Your passenger? (delete where appropriate)
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

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)