

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

Mr/Mrs/Miss/Ms Forename(s)

Surname

Date Premium Paid (dd/mm/yyyy)

Home Address

Postcode

Business Address

Postcode

Telephone Number

Telephone Number

Age

Date of Birth (dd/mm/yyyy)

Precise Occupation(s) (Part/Full Time)

Employers Business

Is the Vehicle Owner VAT Registered?

Yes

No

2 Driver/User

Mr/Mrs/Miss/Ms Forename(s)

Surname

Home Address

Postcode

Telephone Number

Age

Date of Birth (dd/mm/yyyy)

Precise Occupation(s) (Part/Full Time)

Employers Business

a Does the driver/user hold a UK Driving Licence Full or Provisional?

Yes

No

If yes, please indicate

Full

Provisional

b Has the licence been held for over 12 Months?

Yes

No

c Has the driver any Motor Insurance in his/her own name?

Yes

No

If yes, state Insurers, Policy/Certificate No



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/alterd? 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.

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)