

Accident Report Form



If you are comprehensively insured and require immediate advice or assistance in relation to repairs then please ring our Claims Line on 0870 242 1218.

INSURED

Name Document No.
Address Please indicate cover: COMP / TPF&T / TPO
..... Private Tel. No.
..... Postcode Business Tel. No.
Occupation Mobile Tel. No.
Are you V.A.T. registered? YES/NO E-mail
Do you have legal expense or uninsured loss insurance? YES/NO Name of Insurers?

DRIVER OR PERSON LAST IN CHARGE

Name Address
..... Postcode Date of Birth
Occupation Identify driving licence held: Full/Prov./International/Other (**attach copy to this form**)
If Full licence held, give date of passing U.K. driving test
Has driver ever been convicted, had licence endorsed or received warning of prosecution for any motoring offence? YES/NO
If yes, provide offence codes, fines, dates and penalty points
Has driver been convicted or charged (but not yet tried) of any criminal offence? YES/NO If yes, provide full details including date and nature of offences
Have you had any accident, loss (incl. fire or theft) or claim in the last 3 years? YES/NO If yes, give full details
If driver was not the Insured, was vehicle being driven with the Insured's permission? YES/NO
Does driver have own motor policy? YES/NO If yes, give name of Insurer and Policy No.
Is driver in your direct employ? YES/NO If yes, for how long?

USE

Details of last journey. From To
What was the reason for this journey?
("Private, Social, Personal, Pleasure or Domestic" is not sufficient - you must give full details)
Was the vehicle being used in connection with occupation of the Insured or driver? YES/NO
If yes, please give precise details
Was vehicle being used for travel to or from work? YES/NO If yes, do you always work at this address? YES/NO
If no, what was the reason for this journey?
Give details of any goods or equipment connected with your work or business in the vehicle at the time

VEHICLE

Make and Model Registration No.
Cubic Capacity Date of Manufacture Colour Recorded mileage
VIN/Chassis No. Expiry Date of M.O.T. Fuel type? Diesel/Leaded/Unleaded/Gas
Give details of any modifications from standard
Is the vehicle your property? YES/NO If no, give name and address of Owner, Insurer, H.P. or Leasing Company
If goods vehicle, give details of operator's licence currently held
Plated weight of vehicle Nature of load
Weight of load Were the goods carried your property? YES/NO

OWN DAMAGE

Particulars of damage to insured vehicle
Name, Address & Tel. No. of Repairers
Estimated cost of repairs? (Attach copy of estimate) £..... Is vehicle mobile? YES/NO
Where can vehicle be inspected?

IMPORTANT: Please note that if the vehicle is beyond repair we will move it to safe storage in order to prevent storage charges accruing. Please remove all of your personal effects before vehicle is taken or removed to repairers.

SKETCH PLAN OF ACCIDENT LOCATION

Please draw sketch (giving approx. measurements) showing positions of vehicles and persons involved, direction of travel, and any road signs governing scene of accident:

DESCRIPTION OF ACCIDENT

Date Time AM/PM Lighting up time YES/NO Weather Conditions
Location (give street name and town).....
Speed limit? 30/40/50/60/70 mph Speed of your vehicleother vehicle
If dark, what lights did you have on? other party have on?
Give details of any warning signs at accident location
Give details of any indication or warning sign given by either party
Describe exactly how accident occurred
.....
.....
.....
.....

In your opinion who was to blame?

THIRD PARTIES (OTHER PERSONS INVOLVED)

1) Driver's/Owner's Name Address/Tel. No.
.....
Vehicle Make Model Colour Reg. No.
2) Driver's/Owner's Name Address/Tel. No.
.....
Vehicle Make Model Colour Reg. No.
Name and Address of other parties Insurers
..... Policy/Cert No.

Give details of damage to other vehicles
Was any property damaged? YES/NO If yes, give details:
Was any person injured? YES/NO Were they taken to hospital? YES/NO
Name and Address of injured person(s)
.....
Nature of injuries

WITNESSES

INDEPENDENT:
Name and Address
Name and Address

OWN PASSENGERS:
Name and Address
Where seated? FRONT/REAR Was seat belt fitted? YES/NO Was seat belt being worn? YES/NO
Name and Address
Where seated? FRONT/REAR Was seat belt fitted? YES/NO Was seat belt being worn? YES/NO
Name and Address
Where seated? FRONT/REAR Was seat belt fitted? YES/NO Was seat belt being worn? YES/NO

Did police take details of this accident? YES/NO If yes give officer number and station

I believe the foregoing particulars to be true in every respect and I understand that those representing me in this matter will rely on the content of the statement/description of accident as the basis of my evidence. I understand that providing a false statement could result in proceedings against me for contempt of Court. I/we understand that you may ask for information from other Insurers to check the answers I/we have provided.

Date Signature

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 (MIAFTR), run by the Association of British Insurers (ABI). The aim is to help us 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.



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