

# ACCIDENT REPORT FORM

**ZENITH**  
INSURANCE

Zenith House  
Market Place . Haywards Heath  
West Sussex . RH16 1DB

Tel: 0990 305030  
Fax: 01444 450669

1. Claim Number

2. When should I complete an accident report form?

Always. It is a condition of your policy that all accidents are reported to us as soon as possible, even if you do not intend to claim the repair costs under your policy.

3. What do I do about repairs to my vehicle?

Please telephone Claims on **0990 305030** at local rate or speak to your Broker.

4. Will I have to pay anything towards the cost of the repair?

Once repairs have been completed, you should pay to the repairer any excess under the policy, VAT if the vehicle is used in connection with a VAT registered business and any contribution we may ask you to make, if for example, we replace old tyres with new ones.

5. Does my policy cover my costs in hiring a car?

Our policy does not provide this cover.

6. What about losses not covered by my policy?

There are various expenses you may incur which are not covered under your own policy, such as an excess, perhaps the cost of hiring a car while yours is being repaired or the full cost of repairs if you do not have Comprehensive cover. If you were not to blame for the accident you may be able to recover these expenses from the person responsible or his/her insurers. Unfortunately, we cannot do this for you, although your Broker or legal advisor should be able to assist. The excess is applicable regardless of liability.

7. What do I do if someone claims against me?

Any correspondence you receive from others involved in the accident should be passed to your Broker. He will deal with this on your behalf and you should not enter into correspondence with the sender.

8. What if I am prosecuted for an offence arising from the accident?

Pass any correspondence to us which informs you of an impending prosecution, inquest or fatal accident enquiry. We will deal with it on your behalf and let you know what action you need to take.

9. Can my No Claims Discount be reinstated?

If your policy provides a No Claims Discount which is not "Protected" then, as long as we are able to recover our payments, we will reinstate your No Claims Discount. If the claim has not been finalised when your policy is due for renewal, you may find that your No Claims Discount has been reduced. However, if when the claim is finalised, the above condition is met, then we will reinstate your No Claims Discount and adjust your premium accordingly.

10. What happens if my vehicle is deemed a total loss?

We will be provided with a written report. An offer will then be made, based on the market value of your vehicle. In the meantime we may need to remove the vehicle from the garage to a place of free storage whilst the claim is then settled.

Please ensure that you have arranged to remove all personal effects, including the tax disc.

It is not our policy to allow you to keep the salvage.

If you pay by Direct Debit, we would refer you to your policy booklet, which explains how this is dealt with.

## 1 Before completing your claim form, ensure you sign the Declaration below.

I/We declare that the following particulars are correct to the best of my/our knowledge and belief. In the event of the Insured Vehicle being beyond economical repair, I/We understand it will be moved immediately to free and secure storage.

I/We consent to the information on this form and on any claim I/We make being supplied to IDS Ltd and the ABI so that it can be made available to other insurers. I/We also agree that, in response to any search you may make in connection with this claim, IDS Ltd or the ABI may supply information it has received from other insurers about claims I/We have made.

Signature of Insured

Date

Signature of Driver  
(if different to Insured)

Date

Note: We shall have full discretion in the conduct of any proceedings or in the settlement of any claim and you or any person claiming indemnity or benefit shall give all information, or assistance as we may require.

We will not give consideration to any claim which is in any part fraudulent, false or exaggerated or if anyone acting for you, used fraudulent means to pursue the claim.

**Failure to answer any question may cause delay**

Insurers maintain a Motor Insurance Anti-Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

## 2 INSURED

Name	<input type="text"/>	Certificate Number	<input type="text"/>
Address	<input type="text"/>		
Home Telephone Number	<input type="text"/>	Occupation Full time	<input type="text"/>
Business Telephone Number	<input type="text"/>	Occupation Part time	<input type="text"/>
Mobile Telephone Number	<input type="text"/>	VAT Registered?	YES <input type="checkbox"/> NO <input type="checkbox"/>

## 3 DRIVER OR PERSON IN CHARGE OF VEHICLE AT TIME OF ACCIDENT

An entire copy of the Insured's and Driver's Driving / Taxi Licence must be attached

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Home Telephone Number	<input type="text"/>	Occupation Full time	<input type="text"/>
Business Telephone Number	<input type="text"/>	Occupation Part time	<input type="text"/>
Mobile Telephone Number	<input type="text"/>		
Was the driver in the Insured's employ at the time of the accident	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Does the driver have any physical defect, infirmity, defective vision or hearing?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If "YES" please give details	<input type="text"/>		
Has the driver been convicted of any motoring offence or has any prosecution pending?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If "YES" please give details (i.e. Charge, Date, Penalty)	<input type="text"/>		
Please provide details and dates of accidents and/or losses during the past three years. If none state "None"	<input type="text"/>		
Is full Driving Licence held?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Date Driving Test passed	<input type="text"/>		
If "NO" please give name of accompanying driver	<input type="text"/>		
Driving Licence Number	<input type="text"/>	Group / Categories	<input type="text"/>
If HGV / LGV Licence held, give Licence Number	<input type="text"/>	Group / Categories	<input type="text"/>
If Taxi Licence held, give Licence Number	<input type="text"/>	Badge Number	<input type="text"/>
Expiry Date of Licence	<input type="text"/>	Has the driver ever been declined Motor Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>

## 4 INSURED VEHICLE

Make	<input type="text"/>	Model	<input type="text"/>	Year	<input type="text"/>
Type of Body	<input type="text"/>	GVW (Commercial Vehicles Only)	<input type="text"/>	C.C	<input type="text"/>
Registration Number	<input type="text"/>	Mileage	<input type="text"/>	Colour	<input type="text"/>
Has the vehicle been registered in the UK since new?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>	Date of Purchase	<input type="text"/>
Who is the legal owner of the vehicle	<input type="text"/>				
Has the vehicle been modified in any way?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>		
Was the vehicle being used with the Insured's consent?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>		
For what purpose was the vehicle being used? ("Private/Pleasure/Domestic" not sufficient)	<input type="text"/>				
Were any passengers being carried for hire and reward?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>		
Were any goods in connection with the driver's occupation being carried?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>		
Is there any Leasing or Hire Purchase agreement?	Leasing Agreement	YES	<input type="checkbox"/>	NO <input type="checkbox"/>	
	Hire Purchase Agreement	YES	<input type="checkbox"/>	NO <input type="checkbox"/>	
If "YES" give	a) Name and address of Leasing or HP company	<input type="text"/>			
		<input type="text"/>			
	b) Agreement Number	<input type="text"/>			

## 5 DAMAGE TO THE INSURED VEHICLE

Describe the damage

Is the vehicle still in use? YES  NO

Estimated cost of repair

Location of the vehicle at the present time?

Repairer's Name, Address and Telephone Number

  
  


FOR ADVICE REGARDING REPAIRS TELEPHONE 0990 305030 OR ALTERNATIVELY CONTACT YOUR BROKER.

## 6 OTHER PARTIES

Name, Address and telephone numbers of owner and/or driver (if not the owner)

  


Name, Address, telephone number and Policy Number of Insurers

  


Make, Colour and Registration Number of their vehicle

Describe the damage to their vehicle

Number of passengers in vehicle

## 7 DETAILS OF INJURED PERSONS

**First Person:** Name and Address

  


Male  Female

Approximate Age

In whose vehicle were they travelling?

Were they the driver or passenger?

Were they a pedestrian? YES  NO

Please describe their injuries

Were they taken to hospital? YES  NO

Were they wearing a seat belt / crash helmet? YES  NO

**Second Person:** Name and Address

  


Male  Female

Approximate Age

In whose vehicle were they travelling?

Were they the driver or passenger?

Were they a pedestrian? YES  NO

Please describe their injuries

Were they taken to hospital? YES  NO

Were they wearing a seat belt / crash helmet? YES  NO

## 8 DETAILS OF ACCIDENT

Date

Exact Location

Street

Time

Town

County

State of road

Width of road

Weather conditions

Visibility

Applicable speed limit

Were street lights on? YES  NO

Estimated speed before accident

**Insured's Vehicle**

**Third Party's Vehicle**

What signals were given?

**Insured's Vehicle**

**Third Party's Vehicle**

What warnings were given?

**Insured's Vehicle**

**Third Party's Vehicle**

Were lights used?

Headlights/Sidelights

YES  NO

Headlights/Sidelights YES  NO

Did Police attend or were they informed?

YES  NO

If "YES" please give name and number of Officer and Station address and telephone number and Crime Report Number

  


Have you received notice of intending prosecution? (this would include Third Party Prosecutions)

YES  NO

IF "YES" please give details

