



15 Oxford Court
Manchester, M2 3WQ

Accident Report Form

Email - newclaims@blagrove.com

Telephone: 0330 123 0454

POLICYHOLDER: VAT Registered? Yes/No	POLICY NUMBER:
DRIVER OF POLICYHOLDER'S VEHICLE (OR LAST IN CHARGE) Name : Date of birth: Age: Address: Contact Number: Class of licence held: Date passed test (for vehicle driven) Vehicle being used with Policyholder's permission? YES/NO Employment status? – FULL TIME / AGENCY Give details (including codes, dates, fines & bans) of all motoring convictions or prosecutions pending. If none, please state 'None' Give details of any physical defect, infirmity, defective vision or hearing. Including any conditions that are Reportable to the DVLA, If none, please state 'None'	
POLICYHOLDER'S VEHICLE Make Model Registration number: For what purpose was the vehicle being used: Trailer attached? YES/NO Make/Model/Serial Number: Vehicle still in use? YES/NO Damage sustained in this incident Do you have any photos of the damage? Yes/No (if yes please attach) Where is the vehicle now? Location: Contact Number: Number of passengers:	
INCIDENT DETAILS Date of Incident: Time: Location of Incident (include Town/County/Country) Speed of vehicles: Yours (mph): Others (mph):	
CIRCUMSTANCES OF INCIDENT Please confirm exactly how the incident happened and confirm details of all property damage. If necessary please also provide a sketch of the incident to include the width of the roads, type and position of all road signs and markings, direction of travel of all parties and the points of impact(s). (Continue on a separate sheet if necessary)	

IS THE INSURED DRIVER FULLY TO BLAME FOR THIS INCIDENT?

YES/NO: If 'No' why not?

OTHER PARTY INVOLVED

Name & Address

Make/Model/Vehicle Colour
Registration
Number:

Telephone Numbers:

Number of passengers:
Were seatbelts fitted to all vehicles?
YES/NO
If 'Yes' were they in use at the time of the incident? YES/NO

Damage to vehicle/ point of impact:

Do you have photos of the damage? YES/NO (if yes please attach)

Insurers

Policy Number

PROPERTY DAMAGE

Name & Address of Owner:

Extent of Damage:

PERSONAL INJURY

Please confirm the names, addresses and tel. no's of all injured parties

Name/ Address:

Name/ Address:

Telephone Number:

Telephone Number:

Nature & Extent of Apparent Injuries:

Nature & Extent of Apparent Injuries:

Taken to Hospital: YES/NO

Taken to Hospital: YES/NO

Detained: YES/NO

Detained: YES/NO

Name & Address of Hospital:

Name & Address of Hospital:

WITNESSES

Please confirm the name, address and tel. no's of all witnesses to the incident (please indicate if they're known to any party)

Name/Address:

Name/Address:

Telephone Number:

Telephone Number:

POLICE

Did the police take any details? YES/NO

If 'Yes' please give details below:

Officers Name:

Officers Number:

Station Address

Did you make a written statement? YES/NO Was anybody cautioned? YES/NO Please provide details

I declare that to the best of my knowledge and belief the details given are true. I understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. 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 consents 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 make seek information from other Insurers to check the answers I have provided.

Signature: Date:

Print Name:

