

ACCIDENT REPORT FORM

We wish to make the processing of your claim as quick and trouble-free as possible. In order to do so, please ensure that all relevant questions are answered fully and clearly. Please return the completed form to your broker as soon as possible.

Policyholder

Policyholder			Policy Number
Address			
			Postcode
Email Address			Mobile Tel No
Telephone Number			Fax No.
Occupation / Business			
Are you the registered own	ner? If no please provide details		
Are you registered with Cu	ustoms & Excise as taxable for vat?	If partia	ally exempt what % can you reclaim?

Details of Driver or last person in charge of the vehicle

THIS SECTION MUST BE	COMPLETED IN FULL		
Name		Date of Birth	
Occupation		Telephone Number	
Address			
Relationship to Policyhold	er (e.g. employee)		
How long have you been e	employed by Policyholder?		
State class of licence held	& date of passing driving test for	vehicle involved in the inci	dent
Give details of all motoring	convictions or prosecutions pene	ding (i.e. charge : date : pe	nalty)
Give details of all accident	s or losses in the last three years		
Give details of any physica	al defect, infirmity, defective visior	n or hearing	

Vehicle Details

Make / Model			Year of make		Reg. no.		
Type of body and no. of seats		Commercial vehicle G Vehicle Weight (GVW)					
For what purpose wa	as the vehicle being used?						
If goods were being carried for business purposes please state below the nature of the load							
Is there any outstanding finance	please provide the name	and address of	the company.				



How many passengers were being carried?	
Details of any Towing Unit/Trailer (if applicable)	
Make and Model and Year of Manufacture/ Value	

Damage to the insured vehicle

Full details of damage			
Is the vehicle still in use (i.e	. mobile and road-worthy)?	Estimated cost of repairs	£
When and where can the ve	ehicle be examined? (please provide a phone	number if possible)	
	mage to your vehicle is covered under the p		•
•	and safe storage to avoid unnecessary sto e removed from the vehicle immediately.	prage charge Any objection to this should	a de raísea at this time. Any

Description of accident

Date of accident				Time of accident				
Place of accident			ł					
Speed of vehicles	Yours			Others	Others			
Width of road	Co	onditions		Weather / visibility			Street lights on?	
What lights was your v	ehicle displ	aying?		What lights was the other vehicle displaying?				
Did the Police take det	ails of the a	accident?						
Police Station (name a	and address	;)						
Officer's name			Officer's Number			Incident Number		
Did you make a writter	n statement	?		Was anybody	cautio	ned?		
If "Yes" please give de	tails							
Written Description of Accident – Please confirm exact damaged property. Please give as much information as p						confirm details of all	l	



Please provide a sketch and photographs if available of the accident and include the width of the roads, type and position of all road signs & markings, direction of travel of all parties and the points of impact(s)
In your opinion who is to blame for the accident and why?
Passengers in your vehicle continue on the separate page provided
Please confirm the names, addresses and telephone numbers of all passengers in your vehicle
Witnesses continue on the separate page provided

Please confirm the names, addresses and telephone numbers of all independent witnesses to the incident



Other parties involv provided)	ed. Please confirm	the names, a	ddresses and tel. no's	of all other	parties inv	olved (if nece	ssary contir	nue on the sep	arate page
Name & address of	driver								
Name & address of o	wner					Telepho	ne number		
Vehicle make / mode	l / registration no.					Number	of occupar	ts	
Damage / point of im	pact								
Name, address, polic	y no. of Insurers								
Name & address of i	njured persons								
	· · · · ·								
Were the injured part	ies; vehicle driver, p	bassengers, p	edestrians or cyclist						
Were seat belts fitted	to all vehicles?		If "Yes" were they	in use at th	e time of the	e incident?			
Please confirm detail	s of all apparent inju	uries							
Taken to hospital?		Hospital atte	ended?					Detained?	
Immobile Property Da	amage: Name & ad	ldress of owne	er & extent of damage	caused					

Declaration (please read carefully)

I/We declare that to the best of my/our knowledge and belief the details given are true. I/We 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/We authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give consent as may be considered necessary for the disposal of such claims and litigation arising. I/We authorise the release of relevant DVLA records.

I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will render every assistance required by the Underwriters.

Policyholder's or Company Official's Signature	Date	



PLEASE USE FOR ANY ADDITIONAL INFORMATION YOU FEEL NECESSARY.

