



MOTOR ACCIDENT REPORT FORM

PLEASE ANSWER EVERY QUESTION & SIGN THE DECLARATION ON THE FINAL PAGE

Policy No.		Claim No.		Your Ref	
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POLICYHOLDERS DETAILS

Name					
Address					
Postcode		Telephone Number			
VAT registered	Yes/No				

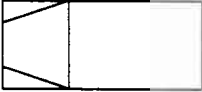


DRIVERS DETAILS

Full Name		Date of Birth		
Address				
Contact Number				
Is driver employed by you?				
Purpose of journey				
Any convictions for motoring offences in the last 5 years? (Please list convictions with dates)				
Type of licence held		Date test passed		

OWN VEHICLE

Make and model		Vehicle c.c.		Year of registration		Vehicle registration	
If your vehicle is hired/leased/loaned then please provide full details.							
Area of damage				Where can the vehicle be inspected? (provide contact details if different than policyholder)			
Approximate cost of repair £	(Please attach estimate where applicable)						

OTHER PARTIES INVOLVED (please use additional sheet if necessary)

1. Full Name		2. Full Name		3. Full Name	
Address		Address		Address	
Vehicle & Registration		Vehicle & Registration		Vehicle & Registration	
Area of Damage		Area of Damage		Area of Damage	
Insurance company		Insurance company		Insurance company	
Policy/Certificate number		Policy/Certificate number		Policy/Certificate number	
Number of Passengers		Number of Passengers		Number of Passengers	
Description of any Injuries		Description of any Injuries		Description of any Injuries	

WITNESSES (Please use additional sheet if necessary)

1. Full Name		2. Full Name		3. Full Name	
Address		Address		Address	
Type of Witness	<ul style="list-style-type: none"> • Own • passenger • Third party Passenger • Pedestrian • Other 	Type of Witness	<ul style="list-style-type: none"> • Own passenger • Third party Passenger • Pedestrian • Other 	Type of Witness	<ul style="list-style-type: none"> • Own passenger • Third party Passenger • Pedestrian • Other

POLICE

Did the police attend?		Were the Police informed?		Give name and number of attending officer	
Give address of station and incident reference number					
Are proceedings pending?		If so, against whom?			

THE ACCIDENT

Date		Time			
Accident location (include street names where possible)					
Speed of your vehicle before accident		Speed of your vehicle at moment of impact		Road speed limit	
Were your vehicle lights on?		Were the streetlights on?			
Did any driver give any warning?		What were the weather conditions?			
What were the road conditions?					

ACCIDENT DESCRIPTION (please use reverse of this page if necessary)

SKETCH PLAN (please use street names if possible)

DECLARATION

I / We have the authority to complete and submit this claim on behalf of the policyholder.

I / We declare that the information supplied is correct and true to my/our best knowledge and belief.

Signature		Name in block capitals	
Position in company		Date	

Please return to:

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