

MOTOR ACCIDENT REPORT FORM

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

Policy No. Your Ref

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 jo	ourney			
Any convictions or proscecutions pending for motoring offences in the last 5 years? (Please list convictions with dates) Has there been any				
incidents, losses or thefts in the last 5 years? (Please list convictions				
with dates)	convictions			
At the time of the incident has the driver been advised not to drive by a doctor or the DVLA?				
Type of licen	ce held	Date test passed		

OWN VEHICLE

Make and model			Vehicle c.c.		Year of registration		Vehicle registra	-	
If your vehicle is hired/ then please provide fu		ined							
Area of damage						Where can the ve be inspected? (provide contact details if different than policyholde	t nt		
Approximate cost of r	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	e	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	 Own passenger Third party Passenger Pedestrian Other 	Type of Witness	 Own passenger Third party Passenger Pedestrian Other 	1,900 01	 Own passenger Third party Passenger Pedestrian Other

POLICE

1 OEIOE		
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?		gainst whom?

THE ACCIDENT

Date	Time			
Accident location (include street names where possib	e)			
Speed of your vehicle before accident	Speed of your ve moment of impac			
Were your vehicle lights on?	Were the streetlig	Were the streetlights on?		
Did any driver give any warning?	What were the we	What were the weather conditions?		
What were the road conditions?				
Who was to blame for the accident ?				

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:

T L Dallas & Co Ltd Dallas House Low Moor Bradford BD12 0HF

T: 01274 465500 F: 01274 465573 E: <u>claims@tldallas.com</u>

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