

Accident Report Form

Please complete this form fully. It is a condition of your policy to report all incidents as soon as possible even if you do not intend to make a claim.

Policyholder						Policy Number			
Address									
Email Address						Depot Code			
Phone Number						Fax No.			
Occupation / Business									
Are you registered with HM Customs & Excise as taxable for vat?						If partially exempt what % can you reclaim?			%
Driver or person last in charge if unattended									
Name						Date of Birth			
Address									
		Postcode				Email address			
Home Phone No.				Bus. Phone No.				Fax No.	
Occupation (full and any part time)						Agency Driver?		Yes/No	
Was the driver using the vehicle with the Policyholder's permission?				Yes		If "No" please explain below			
Is the driver in the Policyholders permanent employ?				Yes		If "Yes" for how long?			
Type of driving licence held? (Circle)		Full		Provisional		LGV		HGV	
PCV									
Licence No.				Groups				Expiry Date	
Date of passing UK driving test for the class of vehicle involved in this incident?									
Are proceedings pending against the driver as a result of this or any other incident or traffic offence?								Yes/No	
If "Yes" give details									
Please give details of all previous motoring convictions and any medical condition or physical / mental disabilities									
Please give details of any accidents or losses in the last three years									
Has the driver been declined or refused Motor Insurance?				Yes/No		If "Yes" give details below			
Vehicle (towing unit)									
Make				Model				Registration No.	
Is the vehicle registration document (V5) registered in the name of the Policyholder?								Yes/No	
Are you the owner of the vehicle?		Yes/No		Trailer No.					
Are you the main user of the vehicle?		Yes/No		If "No" please state the name of the main user below					
Please confirm the exact usage of the vehicle at the time of the incident									
Vehicle damage									
Please confirm full details of the damage sustained to the vehicle and the point of impact (attach estimate if obtained)									
Is the vehicle still in use (i.e. mobile and road-worthy)?				Yes/No		Estimated cost of repairs		£	
When and where can the vehicle be examined? (please provide a phone number if possible)									
Incident details									
Date of incident						Time of incident			
Street						Town			
								County	
Speed of vehicles		Yours		mph		Others		mph	
Speed limit		mph		Weather/visibility				Street lights on?	
Yes / No									
What lights was your vehicle displaying?						What lights was the other vehicle displaying?			
Did the police take details of the incident?				Yes/ No		If "Yes" please give details below			
Officers name				Number				Station	
Did you make a written statement?				Yes/No		Was anybody cautioned?		Yes/No	

If "Yes" please give details	
Who do you blame for the incident and why?	
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 & markings, direction of travel of all parties involved and the points of impact(s)	

Witnesses

Please confirm the names, addresses and telephone numbers of all independent witnesses to the incident
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Please confirm the names, addresses and telephone numbers of all passengers in your vehicle

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Other parties involved. Please confirm the names, addresses and telephone numbers of all other parties involved (continue on the reverse of this report form if necessary)
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Name & Address	
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	Telephone number	
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Make, model & colour of vehicle		Registration number	
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Damage / point of impact		Number of occupants	
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Location of vehicle	
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Insurance Company	
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Address & Policy Number	
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Name & Address	
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	Telephone number	
--	------------------	--

Make, model & colour of vehicle		Registration number	
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Damage / point of impact		Number of occupants	
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Location of vehicle	
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Insurance Company	
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Address & Policy Number	
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Injured parties Please confirm details of all persons injured together with the nature and extent of the injuries sustained (continue on the reverse of this report form if necessary)
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Name & Address	
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	Telephone number	
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State whether driver or passenger, and in which vehicle, or if a pedestrian	
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If a vehicle occupant were seat belts fitted?	Yes / No	If "Yes" were they in use at the time of the incident?	Yes / No
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Apparent injuries		Taken to hospital?	Yes / No
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Which hospital attended?		Detained?	Yes / No
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Notice & Declaration Please read carefully

Notice: Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the register.
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Declaration: I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief. 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.

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Driver's Signature		Date	
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Policyholder's or Company Official's Signature		Date	
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