

Accident Report Form

To advise us of a new claim please complete this form with as much detail as possible and email to agriculturefnol@ers.com or post to Equity Claims Ltd, PO Box 3753, Royal Wootton Bassett, Swindon SN4 4DA. For **existing** claims please emails claims@ers.com together with the reference number



Policy Details to be completed in all cases		
Policy number		
Policyholders name		
Policyholders date of birth		
Address		
Contact details	Daytime	
	Mobile	
	Email address	
	Preferred method of contact	
Is the PH VAT registered?		If so what percentage can be recovered?

1. Incident Details	
Incident Description (if you require more space please use Section 11 – Any further information)	
Date and time of the incident	
Location	
Use of the vehicle at the time of the incident	
Who in your opinion was to blame?	
Give name if other than yourself or the driver?	

2. Incident Specifics	
Policyholders speed	
Third party's speed	
Weather conditions at the time of the incident	
Road conditions at the time of the incident	
Type of road	
Was the driver familiar with the road layout?	Y/N
Is there any supporting photographic evidence?	Y/N
Will this be submitted? If not please state reason why?	
Is there any supporting video evidence?	Y/N

3. Policyholders Driver

Drivers full name			
Drivers date of birth			
Drivers address			
Contact details	Daytime		
	Mobile		
	Email address		
	Preferred method of contact		
Full time occupation			
Part time occupation			
What type of licence does the driver hold?			
How long have they had this licence?			
Date driving test passed			
Are there any driving restrictions imposed?		Y/N	
If yes, please give details			
Does the driver have any medical conditions?		Y/N	
If yes, please give details			
Have the driver had any other incidents in the last 5 years?		Y/N	
Date			
Circumstances (if you require more space please use Section 11 – Any further information)			
Claim amount			
Are there any motoring offences in the last 5 years?		Y/N	
Conviction code			
Date			
Number of points			
Fine amount			
Is the driver going to be prosecuted for any offence relating to drink or drugs?		Y/N	

4. Policyholder Vehicle Details

Vehicle registration		Vehicle type	
Vehicle make		Vehicle model	
Colour		Fuel type	
Engine size		Value	
Year of manufacture		Current mileage	
Where do you normally keep the vehicle?			
Are you claiming for damage?		Y/N	
Has the vehicle been modified?		Y/N	
If yes, please state the modifications			

5. Policyholder Vehicle Damage

Describe the damage	
Is the vehicle driveable?	Y/N
How many air bags have been deployed?	
How have you classified the damage?	
Was there a child seat in the vehicle?	Y/N
Did you have any personal effects in the vehicle?	Y/N
If yes, are they damaged and how?	
Are the personal effects covered by any other insurance i.e. house contents?	Y/N
Where is the current Vehicle Location?	
Are they willing to use an approved repairer?	Y/N

6. Policyholders Passengers

Name	Passenger 1	Passenger 2	Passenger 3
Gender	M/F	M/F	M/F
Date of birth			
Age			
Are they a minor?	Y/N	Y/N	Y/N
Address			
Telephone numbers			
Daytime			
Mobile			
Email address			
Were they wearing a seatbelt?	Y/N	Y/N	Y/N
Are they injured?	Y/N	Y/N	Y/N
Injury details			
Did they receive treatment?	Y/N	Y/N	Y/N
If yes, which hospital?			
If yes, how did they get there?			

7. Third Parties

Type of third party i.e. vehicle / animal			
Full name			
Gender			
Contact name			
Company name			
Address			
Telephone numbers -	Daytime		
	Mobile		
	Email address		
Any additional information			
Vehicle registration		Vehicle type	
Vehicle make		Vehicle model	
Colour			
Vehicle damage			
Insurer			
Policy number			
Claim reference number			
Telephone number			

8. Third Party Passengers

Name(s)	Passenger 1	Passenger 2	Passenger 3
Gender	M/F	M/F	M/F
Date of birth			
Age			
Are they a minor?	Y/N	Y/N	Y/N
Address			
Telephone numbers			
Daytime			
Mobile			
Email address			
Were they wearing a seatbelt?	Y/N	Y/N	Y/N
Are they injured?	Y/N	Y/N	Y/N
Injury details			
Did they receive treatment?	Y/N	Y/N	Y/N
If yes, which hospital?			
If yes, how did they get there?			

9. Witnesses

Name (s)	Witness 1	Witness 2	Witness 3
Gender	M/F	M/F	M/F
Date of birth			
Are they over 18?	Y/N	Y/N	Y/N
Address			
Telephone numbers			
Daytime			
Mobile			
Email address			
Did you know them prior to the incident?	Y/N	Y/N	Y/N
Where was the witness positioned?	Y/N	Y/N	Y/N
Does the witness support you?	Y/N	Y/N	Y/N

10. Emergency Services

Was the fire brigade involved?	Y/N
Date and time reported to the fire brigade	
Fire station reported to	
Fire station address	
Email address	
Telephone number	
Incident ref number	
Did the police attend the incident?	Y/N
Was the incident reported to the police?	Y/N
Date and time reported to the police	
Incident ref number	Crime ref number
Name and number of the officer dealing	
Police station dealing	
Police station address	
Email address	
Telephone number	
Are the police considering any further action/proceedings against anyone involved?	Y/N
If yes, please give details	
Has anyone been apprehended?	Y/N
If yes, please give details	

11. Any further information

If you have any further information that may assist your claims, please submit here

Declaration – to be completed in all cases

Name of the person completing this form

Signature

Date

I/We understand that you may ask for information from insurers to check the answers I/We have provided.

I/We declare that the information given in this form is true and correct to the best of my/our knowledge and belief.

I/We confirm that I/We have permission from the other individuals whose details I/We have provided in relation to this incident.

I/We agree that if another person has given any information on this form, they acted as My/Our agent for this purpose.

For further information on how your data is used by us, please see our Privacy Policy on www.ers.com.

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