



MOTOR ACCIDENT REPORT FORM

Section 1 - Please complete in all cases

Policy Number		Date of Accident	
Vehicle Registration		Time of Accident	AM / PM
Policyholder Full Name	Mr/Mrs/Miss/Ms/title		
Present Address	 Postcode		
Telephone number	Home	Business/Mobile	
Date of Birth			
Is a full driving licence held?	Yes ☐ No ☐	If 'yes' date driving test passed	
Occupation (s)	Full time	Part time	
Is the insured registered for VAT?	Yes ☐ No ☐	Is the vehicle owner registered for VAT?	Yes ☐ No ☐
Details of any previous accidents or Losses sustained in connection with a motor vehicle. If None, please state none	Dates 	Circumstances 	
Details of all motoring convictions <i>Including fixed penalties</i> and any pending prosecutions. If None, please state none	Date of conviction 	Offence/offence code 	Sentence/fine
Details of all other criminal convictions involving fraud or dishonesty e.g. <i>shoplifting, arson</i> If none, please state none	 		

Was the Policyholder driving or last in charge of the vehicle at the time of the Accident ?	Yes ☐	If Yes' please go straight to Section 3	No ☐	If 'No' please complete Section 2 below and then go to Section 3
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Person Driving or LAST in charge of vehicle

Full Name	Mr/Mrs/Miss/Ms/title _____
Present Address	_____ _____ _____ Postcode _____
Telephone number	Home _____ Business/Mobile _____
Date of Birth	_____
Occupation(s)	Full time _____ Part time _____

Details of any previous accidents or Losses sustained in connection with a motor vehicle. If None, please state none	Date _____ _____	Circumstances _____ _____
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Details of all motoring convictions <i>Including fixed penalties</i> and any pending prosecutions. If none, please state none	Date of conviction _____ _____	Offence/offence code _____ _____	Sentence/fine _____ _____
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Details of all other criminal convictions involving fraud or dishonesty e.g. <i>shoplifting, arson</i> If none, please state none	_____ _____ _____
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How often does this person use the vehicle?	daily ☐	weekly ☐	monthly ☐	other ☐	please state
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What is the person's relationship to the insured? <i>e.g. employee, son, daughter etc</i>	
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Does this person have insurance of their own?	Yes ☐	No ☐	If 'Yes' please give Name of insurer and Policy No.
Insurer _____ Policy No. _____			

Is a full driving licence held?	Yes ☐	No ☐	if 'Yes' date driving test passed
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Section 3 – Your Vehicle Details - Please complete in All cases

Vehicle Make	Model	Colour
GVW <i>commercial vehicles only</i>	Cubic Capacity	Engine number
Chassis/VIN number	Year of Manufacture	Mileage at date of Accident/Theft
Is the Policyholder the Main User of the Vehicle?	Yes ☐ No ☐ If 'no' please state who is below	
Is there any outstanding finance or hire purchase on the vehicle?	Yes ☐ No ☐ If Yes please give name and address of the company below.	
Is the Policyholder the legal owner of the vehicle <i>and/or trailer?</i>	Yes ☐ No ☐ If, no please explain why and give name and address of registered owner	
Please give details of any alternations/modifications made to the vehicle	 	
Is the vehicle still driveable?	Yes ☐ No ☐	
What is the extent of the damage		
Where and when can the vehicle be inspected?		
Repair estimate attached?	Yes ☐ No ☐	
In the event of your vehicle being uneconomical to repair, may we move it to a place of free storage in order to minimise storage charges?	Yes ☐ No ☐	

Section 4 – About the Accident

Exact location where Accident occurred (eg Road Name, Town or Parish)

Please give full details of how the accident happened? It is helpful if you describe speed, signals given by all parties and weather conditions.

Please draw a diagram or sketch of the vehicle(s) in the accident. Please try to show road markings, traffic lights, approximate road widths etc.

What was the vehicle being used for, where was it going?

Did the Police attend the accident?

Yes ☐

No ☐

If 'Yes' give details of Officer's Name & Police Force/Station

Were there any witnesses?

Yes ☐

No ☐

not applicable

☐

Name

Address/Telephone Number

If 'yes' please give their names and contact address/telephone

1)

2)

Were any other people involved in the accident? Please give as much information as you can about any injuries & their damage.

Name, Address and Telephone No.

Vehicle Registration

Insurers/Policy No

Details of injury

Their Damage

Do you hold any of the above responsible Yes ☐ No ☐ If 'Yes' please state why for the accident?

Section 5 - Declaration

I/We declare that the details given on the claim form are true and complete to the best of my/our knowledge and belief. I/We understand that if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit, all benefit under the policy shall be forfeited and criminal proceedings may ensue.

Signed

Date