

## MOTOR ACCIDENT REPORT FORM

Policyholder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

V.A.T Registered? YES / NO

### DRIVER OF POLICYHOLDER'S VEHICLE (OR LAST IN CHARGE)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Date Test Passed (for vehicle driven): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Licence Groups/Categories Covered: \_\_\_\_\_ Licence Country of issue -: \_\_\_\_\_

Occupation: \_\_\_\_\_ Vehicle being used with Policyholder's permission? YES / NO Agency Driver? YES / NO

Have you had any accident, loss (incl. fire or theft) or claim in the last 3 years? YES / NO If yes, give details:

Give details of all motoring convictions or prosecutions pending (i.e. charge: date: penalty). If none, please state 'None':

Give details of any disease, condition, physical / mental infirmity, defective of vision / hearing – that may impair driving ability.

If none, please state 'None':

### POLICYHOLDER'S VEHICLE

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Gross Vehicle Weight: \_\_\_\_\_ For what purpose was the vehicle being used: \_\_\_\_\_

Number of passengers: \_\_\_\_\_

Trailer Attached? YES / NO Make/Model/Serial Number: \_\_\_\_\_

Vehicle still in use? YES / NO Damage sustained in this incident: \_\_\_\_\_

Do you intend to claim for the repair costs via your policy? YES / NO Do you have photos of the damage? YES /NO (If yes please attach)

Do you have video footage of the incident? YES /NO (If yes please provide)

Where is the vehicle now? Location: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Town / County / Country: \_\_\_\_\_

Speed of Vehicles: Yours (mph): \_\_\_\_\_ Others (mph): \_\_\_\_\_ Speed Limit (mph): \_\_\_\_\_

## CIRCUMSTANCES OF INCIDENT

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 and markings, direction of travel of all parties and the points of impact(s) (Continue on a separate sheet if necessary)

## LIABILITY

Is the Insured driver fully to blame for this incident? YES / NO: If "No" why not?

## OTHER PARTY INVOLVED

Please confirm the names, addresses and contact numbers of all other parties involved (continue on a separate sheet if necessary)

Name & address:

Make/Model/Colour of vehicle:

Registration Number:

Number of passengers:

Were seat belts fitted to all vehicles?

YES / NO

Telephone Numbers:

If 'Yes' were they in use at the time of the accident? YES / NO

Damage to vehicle / Point of impact:

Do you have photos of the damage? YES / NO (If yes please attach)

Insurers:

Policy Number:

## PROPERTY DAMAGE

Name & Address of Owner:

Extent of Damage:

## PERSONAL INJURY

Please confirm the names, addresses and tel. numbers of all injured parties (continue on a separate sheet if necessary)

Name/Address:

Name/Address:

Postcode:

Postcode:

Telephone Number:

Telephone Number:

Nature & Extent of Apparent Injuries:

Nature & Extent of Apparent Injuries:

Taken to Hospital: YES / NO

Taken to Hospital: YES / NO

Detained: YES / NO

Detained: YES / NO

Name & Address of Hospital:

Name & Address of Hospital:

## WITNESSES

Please confirm the names, addresses and telephone numbers of all witnesses to the incident (Please indicate if any of them are known to your driver):

Name/Address:

Name/Address:

Post Code:

Telephone No:

Post Code:

Telephone No:

## POLICE

Did the police take details of the incident? YES / NO

Officer's Number:

Officer's Name:

Station Address:

Did you make a written statement? YES / NO

Was anybody cautioned? YES / NO If "Yes" please give details below:

If "Yes" please give details below: