

Accident Report Form

Policyholder details

Full name					Policy no.		
Postal address							
Town			County			Post code	Tel no.
Occupation(s) including part-time							
Employer's business and address						Tel no.	
			Are you self-employed?	Yes / No	VAT registered?	Yes / No	

The vehicle

Make/model	C.C.	Year of make	Type of body	Mileage	Cost price	Date purchased	Present value	Registration number
Are you the owner of the vehicle?	Yes / No	If "No", give name & address of owner:						
Is the vehicle registered in your name?	Yes / No	If "No", give full details:						
Was the vehicle originally registered in a country other than the UK?	Yes / No	If "Yes", give full details:						
Is the vehicle the subject of a hire purchase or leasing agreement?	Yes / No	If "Yes", give full details including agreement number:						

Use of vehicle at the time of the accident (or if parked use when last driven)

State exact details of journey : travelling from		to	
What was the reason for the journey			

(It is not sufficient to answer social, private or pleasure)

Was the vehicle being used in connection with the occupation of the policyholder or driver?

Yes / No

Driver (or the last person in charge if the vehicle was parked or unattended)

Full name				Age		Date of birth	/	/
Postal address								
Town			County			Post code		
Occupation(s) including part-time					How long resident in UK			
Type of licence held i.e. full / provisional			Date UK test passed			Licence no.		

Has the driver or person in charge:

any previous accidents or losses?

Yes / No

been convicted of any motoring or other criminal offence or is any prosecution pending?

Yes / No

been refused motor insurance?

Yes / No

any physical disability or illness?

Yes / No

received notice of intended prosecution for this accident?

Yes / No

If "Yes" give full details

Damage to other person's vehicle or property and/or personal injury

Name and address of owner/user of other vehicle							
Make, model and registration no. of other vehicle(s) involved							
Damage to other vehicle(s)							
Name and address of injured person or persons							
Nature of injuries sustained							
Damage to property other than vehicle(s)							
Has any claim been made on you?	Yes / No	If "Yes", verbally or in writing?					
Name and address of Third Party's insurance company							
Address					Policy / Certificate no.		

Damage to policyholders vehicle

Description of damage							
Estimated cost of repairs (please forward in writing as soon as possible)					Is vehicle	at repairers	/ in use / at home
Name and address of repairers						Tel No.	

N.B. If the vehicle is beyond economical repair it may be removed immediately by our agents to reduce storage charges.

Witnesses – Give names and addresses of:-

Passengers (if any)	Other witnesses

Circumstances of accident

Date of accident	Time of accident	Give exact location of accident (including nearest town)	
/ /	am / pm	Town	County

State speed limit	State width of road	State condition of road	
		Dry / wet / icy / snow . . .	
What was the speed of your car prior to impact?	mph	Speed at impact?	mph
Were your vehicle lights on?	Yes / No	If "Yes", by side lights, dipped or full beam?	
Were the third party's vehicle lights on?	Yes / No	If "Yes", by side lights, dipped or full beam?	
Did the police attend & take particulars?	Yes / No	If "Yes", give number & station	
Did the driver make a statement to the police?	Yes / No	Were seat belts in use?	Yes / No
Do you have uninsured loss agents or solicitors acting on your behalf?	Yes / No		
If "Yes", please give details			
If you blame someone else for the incident, who do you blame?			
Do we and/or our appointed solicitors have your permission to accept liability in the event of civil proceedings?	Yes / No		
Describe how the accident occurred			

Please make rough sketches (stating approximate measurements) showing position of vehicles and persons concerned and direction in which they were travelling. It is important to show positions and details of all road signs

Before impact

After impact

Please indicate registration numbers of all vehicles involved on above sketches

Declaration

I/we hereby declare the foregoing particulars and statements to be true in every respect, and hereby confirm that underwriters may settle this claim as they deem necessary. I/we confirm and authorise my/our insurers and their instructed solicitors to endorse this statement of truth on my/our behalf on any legal document relating to this matter. I/we understand that you may ask for information from other insurers to check the answers I/we have provided.

Date

Policyholder's signature

Insurers pass information to the Claims and Underwriting Exchange Register run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check the information provided and also to prevent fraudulent claims. When we deal with your proposal for insurance, we may search these registers. Under the conditions of your insurance, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers. Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLI for the purpose of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from us, or at www.miic.org.uk