

# PARTICULARS OF MOTOR ACCIDENT

## 1 POLICYHOLDER

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Tel. No. Home \_\_\_\_\_ Bus. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

## 2 V.A.T.

Is the vehicle owner registered for VAT purposes? YES/NO  
 If YES state if the VAT included in the cost of repairing or replacing the vehicle can be recovered  
 a) Completely b) Partially \_\_\_\_\_% c) Not at all (delete as necessary)

## 3 DRIVER OR PERSON IN CHARGE OF VEHICLE

It is still necessary for this section to be fully completed even if the policyholder was the driver or the vehicle was unattended or parked.  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Licence No. \_\_\_\_\_  
 Driving Licence held Full/Provisional/Heavy Goods/International/Other (delete as appropriate)  
 Date test passed \_\_\_\_\_  
 Length of recent and regular driving experience in the U.K. etc. \_\_\_\_\_  
 Has he/she been convicted of any motoring offences? YES/NO  
 If so give details \_\_\_\_\_  
 Has he/she any physical infirmity, or defective vision or hearing, or lost a limb or an eye YES/NO. If so give details \_\_\_\_\_  
 If your permanent Driver, how long has he/she been in your employ? \_\_\_\_\_  
 Has he/she, in his/her name, a Motor Insurance Policy? YES/NO  
 If so please state name of Insurers and the Policy Number \_\_\_\_\_

## 4 NAMES AND ADDRESSES OF WITNESSES

Independent \_\_\_\_\_  
 \_\_\_\_\_  
 Passengers (State if injuries sustained by any such person, and, if so the nature thereof) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 5 INJURED PERSONS

Give name(s) and address(es) of any injured persons (other than occupants of your car) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Nature of injuries \_\_\_\_\_

## 6 PARTICULARS OF VEHICLE

Reg. No. \_\_\_\_\_ Present Value \_\_\_\_\_  
 Year of Make \_\_\_\_\_ CC's \_\_\_\_\_ Colour \_\_\_\_\_  
 Make & Model \_\_\_\_\_  
 VIN/Chassis Number \_\_\_\_\_  
 If the vehicle is not your property entirely state the name and address of the owners including any finance company interested. \_\_\_\_\_  
 \_\_\_\_\_  
 State exact details of the journey at the time of accident  
 Travelling from \_\_\_\_\_ to \_\_\_\_\_  
 What was the purpose of the journey? (The word PRIVATE is not sufficient)  
 \_\_\_\_\_  
 Was the vehicle being used in accordance with your instructions? YES/NO  
 How many passengers were being conveyed? \_\_\_\_\_  
 State nature and weight of any goods carried, and gross vehicle weight (For Commercial Vehicles only) \_\_\_\_\_

## 7 PARTICULARS OF ACCIDENT

Date and time of the accident? \_\_\_\_\_  
 Where did the accident occur? \_\_\_\_\_  
 \_\_\_\_\_  
 Class of road \_\_\_\_\_ Approximate width of road \_\_\_\_\_  
 Condition of road \_\_\_\_\_  
 Your position on road \_\_\_\_\_  
 If driving on n/s how far out were n/s wheels from kerb? \_\_\_\_\_  
 At what speed was your vehicle travelling immediately prior to the accident? \_\_\_\_\_ Was your horn sounded? \_\_\_\_\_  
 If dark, what lamps were showing on your vehicle? \_\_\_\_\_  
 Who in your opinion, was to blame? \_\_\_\_\_  
 Give name if other than yourself or driver \_\_\_\_\_  
 \_\_\_\_\_  
 Are you a member of the AA or RAC? \_\_\_\_\_

## 8 POLICE EVIDENCE

Did the Police take evidence or particulars? YES/NO  
 If so, give his/her Number and Station \_\_\_\_\_  
 \_\_\_\_\_  
 Was he/she a witness? YES/NO  
 Did he/she indicate that anyone may be prosecuted? YES/NO  
 If so, whom? \_\_\_\_\_

## 9 PARTICULARS OF THIRD PARTY VEHICLE INVOLVED OR OTHER PROPERTY DAMAGED

Name & address of the owner \_\_\_\_\_  
 \_\_\_\_\_  
 Name & address of the driver \_\_\_\_\_  
 \_\_\_\_\_  
 Make, Model, Reg. No. & Colour \_\_\_\_\_  
 Nature of damage \_\_\_\_\_  
 Has notice of any claim been given to you? YES/NO  
 If in writing, forward immediately unanswered. If verbally, give particulars  
 \_\_\_\_\_  
 Details of the third party Insurers if known \_\_\_\_\_

