MOTOR ACCIDENT/THEFT REPORT FORM

## **POLICYHOLDER**

|  |  |  |
| --- | --- | --- |
| Policy Number |  | Claim Reference (if known) |
|  |  |  |
| Name | | |
|  |  |  |
| Address  Postcode |  | Business or Occupation |
| Are you registered for VAT? **Yes/No** |
|  |  | If **‘Yes’**, state rating (full, partial or exempt)  % if partial |
| Telephone Number |  |

## **PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE**

|  |  |  |
| --- | --- | --- |
| Full Name | | |
|  |  |  |
| Address  Postcode |  | Date of Birth |
|  |  |
|  | Occupation |
|  |  |  |
| Telephone Number |  | Relationship to the policyholder (e.g. employee) |
|  |  |  |
| Type of Driver’s Licence Held? |  | Details, including groups covered and current period of any other licences held (e.g. HGV 1/2/3, PCV) |
| Date UK driving test passed |  |

Is the driver or person in charge of the vehicle the main user?

**YES/NO**

If **‘No’**, please give further details:

|  |
| --- |
|  |

1. Has the driver or person in charge of the vehicle had any other accident, loss or claim in connection with any motor vehicle during the past 5 years?

**YES/NO**

1. Has he/she been convicted of any offence (including fixed penalty notices) in connection with any motor vehicle during the last 5 years?

**YES/NO**

1. Has the driver’s licence been suspended or the driver disqualified at any time?

**YES/NO**

1. Has the driver had any condition which could affect fitness as a driver e.g. diabetes, epilepsy heart condition, physical or mental illness or disability?

**YES/NO**

If you have answered **‘Yes’** to any of the above, please give details below:

|  |
| --- |
| Use separate sheet if necessary |

## **INSURED VEHICLE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registration Number** | **Make/Model** | | **Year of Manufacture** | | **CC** |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| Name and address of owner  Postcode | |  | | Name and address of registered keeper  Postcode | |
|  |  | |  | |  |
| If the vehicle is the subject of any hire, lease or finance agreement (including hire purchase), please give details: | | | | | |
|  |  | |  | |  |

## **USE OF THE INSURED VEHICLE**

|  |  |  |
| --- | --- | --- |
| State the exact purpose for which the vehicle was being used (“Business” or “Private” is not sufficient) | | |
|  |  | |
| Was the vehicle being used with the Policyholder's knowledge and consent? **Yes/No** |  | If **‘No’**, give details |
|  |  | |
| No. of passengers being carried (excluding driver) |  | Relationship of passengers to driver (e.g. employee) |

|  |
| --- |
| Were CCTV / telematics / tacograph being used in this vehicle? Yes/ **No** |

## **ACCIDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date and Time | |  | Location: Street/Town/County |
|  | |  |  |
|  |  |  |  |
|  |  |  |  |
| Were police involved? | **Yes/No** |  |  |
|  | |  |  |
| If **‘Yes’**, give police officer’s name, number and station | | | |
|  | |  |  |
| Weather conditions/condition of road surface? | |  | What speed limit was in force? |
|  | |  |  |
| Give description of accident (include details of statement of blame or admission of liability and by whom). Sketch layout of road(s) and show approximate measurements; names of roads; position of vehicles and persons involved; the direction in which vehicles travelling; the registration marks of all vehicles (where known); any road markings, road signs, traffic lights, street lights, pedestrian crossing and any other relevant information. Use separate sheet if necessary.  Do you accept that you were responsible for the accident? **YES/NO** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Did this collision involve a reversing manoeuvre? |  |  | Delete as appropriate |
| Was a banksman available to support the driver when reversing? |  |  | Delete as appropriate |
| Was a banksman used to support the driver when reversing? |  |  | Delete as appropriate |

Is the insured vehicle still in use? **Yes/No**

|  |
| --- |
| If the insured vehicle is not in use, where is it now? |
| Who should we contact to make an appointment to inspect the vehicle? |

**Damage to Insured Vehicle**

Indicate by an arrow the point of initial impact :

**F VEHICLE R**

Provide details of the damage

**Witness details:**

|  |  |  |
| --- | --- | --- |
| Name | Address | Where was the witness? |
|  |  |  |

**Third Parties involved: N.A**

|  |  |  |
| --- | --- | --- |
|  | Third Party Vehicle 1  Registration No:  Make and Model: | Third Party Vehicle 2  Registration No:  Make and Model: |
| Name and address of third party |  |  |
| Name, address and reference of third party insurer |  |  |

**Details of other property involved:** (If no other property was involved please write ‘None’)

|  |  |  |
| --- | --- | --- |
| Name and address of owner | Details of property | Apparent damage |
|  |  |  |

**Persons Injured:** (If no one was injured please write ‘None’)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address | Age (approx) | State if Driver/Passenger or Pedestrian and give registration number if applicable | Apparent Injuries | Was a safety belt worn? |
|  |  |  |  |  |

## **THEFT N.A**

|  |  |  |
| --- | --- | --- |
| When and where was the vehicle last seen? |  | Who last saw the vehicle?  Name and address  Telephone No. (if known): |
|  |  |  |
| When was the theft discovered?  Was the vehicle in a locked garage? **Yes/No**  Was the vehicle locked, security  devices in operation and the  ignition key removed? **Yes/No** |  | By whom was the theft discovered?  Name and address:  Telephone No. (if known): |
|  |  |  |
| Give details of what happened: |  | What has been stolen? |
|  |  |  |
| Give details of anything that has been recovered: |  | Give details of any damage: |

**If vehicle has been stolen and not recovered please give details of:**

|  |  |  |
| --- | --- | --- |
| **Road Fund Licence**  Date of Issue:  Date of Expiry: |  | **Mileage**  at time of purchase:  at time of theft: |
|  | | |
| When was the vehicle last serviced?  Mileage | | |
|  |  |  |
| Mileage of the vehicle in the last 12 months |  | Business Personal |
|  |  |  |
| When were the tyres last purchased for the vehicle | | |
|  |  |  |
| Entertainment equipment fitted |  | Make Model |
|  |  |  |
| Security Devices Alarm/Tracker/Immobiliser\*  \*(Delete as appropriate) |  | Make Model |

|  |
| --- |
| Give details of any extras fitted to the vehicle: |
|  |
| Give details of any other recent expenditure on the vehicle: |

|  |
| --- |
| Was theft reported to Police? if so give officer's name, number and station  Crime Reference: |

## **DECLARATION**

I/We hereby declare that the information given is true to the best of my/our knowledge and belief.

I/We agree to give any further information required.

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

|  |  |
| --- | --- |
| Signature of Policyholder  Job Title/Position | Date |
|  |  |
| Signature of Driver or person in charge of vehicle | Date |

**IN ALL CASES – COMPLETE SECTIONS A-D, AND G**

**FOR ACCIDENTAL DAMAGE (including Fire, Malicious Damage, etc.) – COMPLETE SECTION E**

**THEFT (including Attempted Theft) – COMPLETE SECTION F**

# To avoid delay in dealing with your claim

* Complete the relevant parts of this form and return to the address shown above as soon as possible
* Ensure the information provided is clear, accurate, and complete
* Do not use dashes
* Quote your policy number on every communication until you are notified of the claim reference number
* Remember to sign and date the form
* Support the claim with any relevant estimates/invoices

**NOTES:** For general guidance only;

Please refer to your policy documentation for the terms and conditions which apply to your policy.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## NOTIFICATION

You are required to give details of any accident, loss, or damage and all subsequent developments as soon as reasonably possible, even if you do not wish to claim under your policy.

## THIRD PARTY CLAIMS

Any Third Party communication or any legal document must be sent to us immediately and unanswered. You must not admit, deny, negotiate or promise to pay any claim without our written consent.

## THEFT OF VEHICLE

Most stolen vehicles are eventually recovered and restored to their owners, and it is normal to wait a reasonable period of time before settlement of the claim is finalised. You should complete and return this form to us as soon after the theft as possible, together with the following documents if applicable: a) Vehicle Registration Document, b) Test Certificate, c) Purchase Invoice, d) Finance/Leasing Agreement, e) Plating Certificate, f) Servicing Documents, g) Vehicle Keys (all sets).

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 information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

NOTE: Please use separate sheet(s) of paper to respond to questions if there is insufficient space on the form.