Motor Accident Report Form

10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester GL2 4NZ Telephone: 01452 361602 or 361649 Facsimile: 01452 361604

• When completing this form, please tick the appropriate boxes and answer all questions using block capitals.

Policy Number	Claims Reference	Broker

1 Policyholder

Mr/Mrs/Miss/Ms Fore	name(s)	Surname		Date Premium Paid (dd/mm/yyyy)
Home Address		Busi	ness Address	
Talaphana Numbar	Postcode			Postcode
Telephone Number			bhone Number	
Age	Date of Birth (dd/mm/yyyy)	Prec	ise Occupation(s) (Part/Full T	ïme)
Employers Business		ls the	e Vehicle Owner VAT Register	red? Yes No

2 Driver/User

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Mr/Mrs/Miss/M	ls Forename(s)	Precise Occupation(s) (Part/Full Time)
Surname		Employers Business
Home Address	5	a Does the driver/user hold a UK Driving Licence Full or Provisional?
		Yes No
		If yes, please indicate Full Provisional
		b Has the licence been held for over 12 Months?
	Postcode	Yes No
Telephone Nur	nber	c Has the driver any Motor Insurance in his/her own name?
		Yes No
Age	Date of Birth (dd/mm/yyyy)	If yes, state Insurers, Policy/Certificate No



	al or mental defect, impairment o	of sight/he	earing	Ň		t Judgements reg or defaulted on a ?	-	
diabetes o	r epilepsy? Yes		No				Yes	No
prosecutio	ng convictions in the last 5 year ns pending or police enquiries o ty offences)?		,	Γ	f yes to questions i	to v , give details		
	Yes		No					
iii any previo	us accidents, losses or thefts in	the last 3	years?	_				
	Yes		No					
iv any crimina but not yet	al convictions (or been charged : tried)?	with a crir	ninal offe	ence				
	Yes		No					
Details o	of Vehicle and Use							

lake	Model	f	Does the Policyholder own or have the use of more than one vehicle?
			Yes No
Cubic Capacity	Colour		If yes to questions d , e or f , give details, including Policy No and name of Insurers of other vehicles.
Registration Number	Year		
What is the present mileage	of the car?		
What is the annual mileage?		g	Is the Policyholder the owner and registered keeper?
Estimate of Current Value			Yes No
State the exact reason for the	e journey		If no , state name and address or Owner/Registered Keeper Owner's Insurers and Policy/Certificate No
Travelling from	to		
Has the vehicle been modifie	d/altered? Yes No	h	Is the Policyholder the main user of this vehicle?
Was the vehicle being used in Policyholder or Driver?	n connection with the occupation of the		Yes No
	Yes No		
4 Damage to Vehicle	e		
Dur Approved Repairers have au nmediately. Contact your Broker			Brief details of damage
Iternatively, submit a repair estin	nate.		

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Is the vehicle driveable?

Minor

Extent of damage:

а

b

None

Yes

Extensive

No

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Beyond Repair

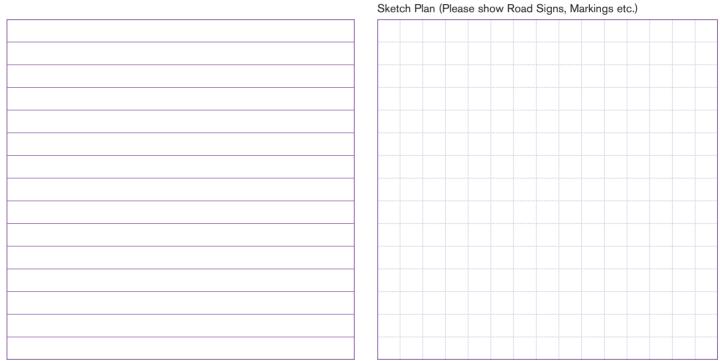
c Present location of vehicle

If vehicle is damaged beyond repair we may move it to safe storage - please remove your personal effects.

5 Details of Accident

Date	Time	Did a Police officer take details? Yes No
Place	Speed Limit	Was any warning of intent to prosecute given? Yes No
Road Conditions: Wet Dry Icy I	Daylight Dark Dusk	Who was responsible for the accident and why?
Were there street lights? If yes , were they lit?	Yes No	

6 Description of Accident



If necessary continue on a separate sheet

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7 Details of other parties involved

Name/Address of Owner/Driver	Registration Number	Insurers	Policy Number	Apparent Damage

8 Persons Injured

Name/Address (Driver, Front/Rear Passenger or Pedestrian)	Apparent Injury	Registration Number	Seat belt in use? (delete where appropriate)	Taken to hospital? (delete where appropriate)
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

9 Witnesses

Name/Address/Phone Number	Age (if under 18)	Your passenger? (delete where appropriate)
		Yes / No

I declare that to the best of my knowledge and belief the details given are true. I understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. If the vehicle is beyond repair I authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give consents as may be considered necessary for the disposal of such claims and litigation arising. I authorise the release of my DVLA records. I understand you may seek information from other Insurers to check the answers I have provided.

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.

Signed (Policyholder)

Signed (Driver)

Date (dd/mm/yyyy)





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