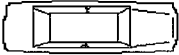


MOTOR ACCIDENT REPORT

Please answer all questions on both pages as fully as possible and return to your broker,

Policyholder		
Full Name	Policy Number	
Occupation	Date of Birth	
Address		
Post Code	Private Tel No	Daytime Tel No/Contact
Are you VAT registered?	<input type="checkbox"/>	If YES, what percentage can you recover? <input type="checkbox"/>

Driver		
Full Name		
Occupation	Date of Birth	
Address		
Post Code	Private Tel. No.	
Is driver employed by you?	<input type="checkbox"/>	Was the vehicle driven with your permission? <input type="checkbox"/>
Has the driver any physical disabilities?	<input type="checkbox"/>	
If YES, please give full details		
Has the driver had any conviction (Including fixed penalty offences) in connection with any motor vehicle?	<input type="checkbox"/>	
If YES, please attach full details and dates.		
Has the driver/person in charge ever been refused motor vehicle insurance?	<input type="checkbox"/>	
If YES, please give details and dates.		
Type of relevant driving licence held.	PCV/HGV/Full/Provisional	Date relevant licence issued.

Vehicle		
Make and Model	Year	cc
Reg. No	Date of first registration	
Chassis No.	Vehicle identification No	
Owners name and address		
Finance Company name, address and agreement no.		
Describe fully the purpose for which the vehicle was being used		
Brief description of the damage		
Repairers name, address and Tel no.	(Mark the damaged areas with a cross)	
		
Is the vehicle at the repairers?	<input type="checkbox"/>	If not, when will it be taken in? _____
If you are VAT registered may we authorise repairs on your behalf?	<input type="checkbox"/>	

Please note that if the vehicle is beyond economical repair we will arrange its protection by moving it to a place of secure storage, unless you indicate otherwise –

Tick box

Accident			
Date	Time	am/pm	Place
Weather	Visibility	Distance from nearside	
What lights were lit on the vehicle?			
Speed	a) before the accident	mph	b) at the moment of impact
If the police attended please give		a) Name of force	b) Officers number
Rough plan of accident. Please show		a) name and approximate widths of roads	b) directions of vehicles

Drivers Statement (Continue on a separate sheet if necessary)

Witnesses (Continue on separate sheet if necessary)

Name and address	Passenger or independent witness?
_____	_____
_____	_____
_____	_____

Other Persons Involved/Property Damaged (Continue on a separate sheet if necessary)

	Damage (Please give Reg. No.
Name and Address	of vehicle if applicable)
	Insurer and Policy Number
_____	_____
_____	_____
_____	_____

Persons Injured (continue on a separate sheet if necessary)

	Seatbelt worn?	Taken to Hospital?
Name and Address	YES/NO	Injury
	YES/NO	YES/NO
_____	_____	_____
_____	_____	_____
_____	_____	_____

Data Protection Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Limited (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 check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Declaration I declare that these particulars are true to the best of my knowledge (in the case of joint policyholders, both should sign) I/we understand that you may ask IDS Ltd or ABI for information they have received from other insurers to check the answers I/we have provided.

Signature(s) _____ Date _____