

Motor Accident Report

Please return to:

Claim No: (Office Use Only)

Insurers pass information to 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 register.

INSURED	
Policy No:	<input style="width: 90%;" type="text"/>
Full Name	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 40%;" type="text"/>
Occupation	<input style="width: 90%;" type="text"/>
Private Address	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>
Postcode	<input style="width: 15%;" type="text"/> – <input style="width: 15%;" type="text"/>
Telephone. No	<input style="width: 15%;" type="text"/> – <input style="width: 15%;" type="text"/>
Business Address	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>
Postcode	<input style="width: 15%;" type="text"/> – <input style="width: 15%;" type="text"/>
Telephone. No	<input style="width: 15%;" type="text"/> – <input style="width: 15%;" type="text"/>
A. Is the Insured registered as a taxable person for VAT ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. If the Insured is registered for VAT, is full remission of input tax obtained ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. If 'yes' and only partial remission is obtained, please state last annual adjusted percentage of tax	<input style="width: 40%;" type="text"/> %

DRIVER	
Please Note: All questions should be answered, whether or not the Insured was driving. You are not required to include convictions regarded as 'spent' by virtue of the Rehabilitation of Offenders Act 1974.	
Name	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>
Postcode	<input style="width: 15%;" type="text"/> – <input style="width: 15%;" type="text"/>
Telephone. No	<input style="width: 15%;" type="text"/> – <input style="width: 15%;" type="text"/>
Occupation	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>
Is the driver main user of vehicle ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the driver employed by you ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the vehicle being driven with your permission ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the driver any conviction for any offence in connection with any motor vehicle ? if Yes, please give details including dates	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>
Has the driver been refused motor vehicle insurance or continuance thereof ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the driver own a motor vehicle ? If 'Yes' please give name and address of insurer together with policy number.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name and Address of Insurance Company

Policy Number

Was the driver licensed to drive the vehicle ? Yes No

Was the licence ? Full Provisional

If full, please state date when first full licence issued ?

VEHICLE

Make and Model

Registration No.

Year of Make

C.C.

Date of First Registration

 / /

Name and Address of Owner

If vehicle is subject to hire purchase agreement state name of finance company, address and agreement number.

State fully the purpose for which the vehicle was being used.

ADDITIONAL QUESTIONS FOR TRADE VEHICLES ONLY

Were trailers attached to the vehicle ?

Yes No

Were goods being carried ? If 'Yes' please state

Yes No

A. Description

B. Owner

Weight of load on

A. Vehicle

B. Trailers

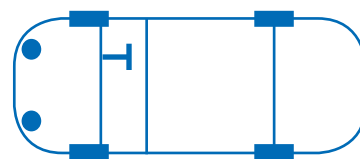
DAMAGE TO INSURED VEHICLE

What damage was caused to the insured vehicle ?

Repairer's name, address and tel. no.

Please indicate on the diagram the damage caused to your vehicle.

FRONT



REAR

In all cases where your vehicle is damaged and you are entitled to claim under the Policy, please send an estimate for repairs to the Company immediately.

Is the vehicle at repairers premises ? If 'No' when will it be taken in for repairs ?

Yes No

If you are registered for VAT, do we have your authority to instruct repairers as your agent ?

Yes No

ACCIDENT

Date / / Time am / pm Place

Weather Visibility Yards

What lights were lit on the vehicle ?

Speed A. Before the accident m.p.h. B. At the moment of the accident m.p.h.

Distance from nearside kerb feet

State fully what happened. (please continue on separate sheet if necessary)

Rough plan of accident. Please show : A. Name and approximate widths of roads. B. Tracks of vehicles and road markings.

State names and addresses of all : (Please write on separate sheet if more than the number stated)

A. Passengers - Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

B. Independent Witnesses - Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Were particulars taken by the Police ? If 'yes', please give : Yes No

A. Name of Force B. Officer's Number

OTHER VEHICLES INVOLVED (PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY)

Name and address of driver and / or owner

1. Name	<input type="text"/>	Registration No.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/> - <input type="text"/>
Insurers Name and Policy No.	<input type="text"/>		
Apparent Damage	<input type="text"/>		
2. Name	<input type="text"/>	Registration No.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/> - <input type="text"/>
Insurers Name and Policy No.	<input type="text"/>		
Apparent Damage	<input type="text"/>		

OTHER PROPERTY DAMAGED (APART FROM VEHICLES)

Please continue on separate sheet if necessary

Name and Address of owner (if known)	<input type="text"/>
	<input type="text"/>
Nature of Damage	<input type="text"/>
	<input type="text"/>

PERSON INJURED (PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY)

Name and Address <small>(state whether driver or passenger and in which vehicle, or pedestrian)</small>	Apparent injuries	Taken to hospital
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Injured persons was he / she wearing a seat belt ? Yes No

Any communications you receive about the accident should not be answered but sent to the Company immediately.

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** Privacy Notice which is available on our website at: <https://uk.cntaiping.com/uk-privacy/>

If **you** do not have access to the Internet, please write to **our** Data Protection Officer (at the address shown below) with **your** name and address and a copy will be sent to **you** in the post.

In summary, **we**, may, as part of our agreement with **you** under this contract, collect personal information about **you**, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, including medical records to validate a claim should **you** be claiming for sickness or an accident.

We collect and process **your** personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** Privacy Notice.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact **our** Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited;
2, Finch Lane, London EC3V 3NA
E-mail: dataprotectionofficer@uk.cntaiping.com
Tel: (0044) (0)20 7839 1888

DECLARATION

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete

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

Signature

Date

Members of the Association of British Insurers
Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority & the Prudential Regulation Authority

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