

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: 95%;" type="text"/>
Full Name	<input style="width: 60%;" type="text"/>
Occupation	<input style="width: 35%;" type="text"/>
Private Address	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" 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: 25%;" type="text"/>
Business Address	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" 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: 25%;" 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: 40px;" 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: 40%;" type="text"/>
Address	<input style="width: 85%;" type="text"/>
	<input style="width: 85%;" 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: 25%;" type="text"/>
Occupation	<input style="width: 35%;" type="text"/>
Date of Birth	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" 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: 95%;" type="text"/>	
<input style="width: 95%;" 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

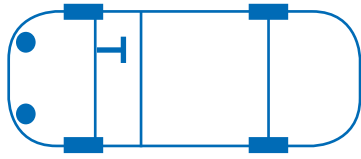
DAMAGE TO INSURED VEHICLE

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

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"/>
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"/>
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.

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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