

MOTOR ACCIDENT REPORT FORM

Ensure all sections of this form are completed fully. Also note that any attempt to defraud Underwriters will result in criminal prosecution.

SECTION 1 – POLICYHOLDER (Please attach up to date copy of driving licence)

Name..... Date of Birth..... VAT Registered.....
 Trading Title.....
 Private Address.....
 Business Address.....
 F-T Occupation..... P-T Occupation.....
 Private Tel Business Tel..... Mobile Tel.....
 Type of Licence..... Licence Number..... Date Test Passed.....

Please give details of previous convictions including non-motoring convictions and convictions pending. If none, state none.

Date of Conviction	Conviction Type and Circumstances	Fine / Sentence

Please give details of previous accidents/claims/losses. If none, state none.

Date of Incident	Circumstances	Cost

Please give details of any physical defects or infirmities
 Has Insurance ever been cancelled or refused?.....
 Were you breathalysed?..... If yes, positive or negative?
 Policy Number..... Broker..... Policy Expiry..... Cover.....

SECTION TWO – DRIVER (OR LAST PERMITTED DRIVER) DETAILS, IF DIFFERENT TO POLICYHOLDER (Please attach up to date copy of driving licence)

Name..... Date of Birth.....
 Address.....
 F-T Occupation..... P-T Occupation.....
 Private Tel..... Business Tel..... Mobile Tel.....
 Type of Licence..... Licence Number..... Date Test Passed.....
 Relationship to Policyholder.....

Please give details of previous convictions and convictions pending, including non-motoring convictions

Please give details of previous accidents/claims/losses. If none, state none.

Give details of any physical defects or infirmities

.....

Was driver breathalysed?.....If yes, positive or negative?

Was vehicle being used with Policyholder's consent?

Is driver insured in respect of their own vehicle? If yes, give insurers details.

.....

SECTION THREE – USAGE OF VEHICLE

State exact purpose of the journey and why it was being made.

.....

Travelling from.....to.....

Were any goods being carried? If yes, give particulars and details of Goods in Transit In Transit Insurers

.....

Were any passengers being carried? If yes, how many?.....

SECTION FOUR – PARTICULARS OF VEHICLE / OWNERSHIP

Vehicle Make/Model.....Registration Number.....Date of Registration.....

Engine Size.....Colour.....Mileage.....Left Hand Drive?

Date of Purchase.....Price Paid/Method of Payment.....Current Value.....

Where/whom was vehicle purchased from?

Does the vehicle have a current MOT?.....Expiry Date.....

Does the vehicle have a current Road Fund Licence?.....Expiry Date.....

Has the vehicle been modified? If yes, give full details

Was there any pre-incident damage? If yes, give full details

What was the general pre-incident condition of the vehicle

Give details of any recent repair/maintenance work on the vehicle.....

Please state details of registered owner of this vehicle if not registered in the name of the Policyholder.

Name.....Relationship to Policyholder.....

Address.....

Telephone Number.....

Give details of any HP company interest in the vehicle.....

.....

If the vehicle is owned by the Policyholder but not yet registered,please clarify the following.

Who paid for the vehicle (Insured/Named Driver/Other)?.....

What is their relationship to the vendor (if any)?

If log book is not in the vendors name state reason if known

SECTION FIVE – THE ACCIDENT SCENE

Date.....Time.....

Location, including distance from premises if applicable.....

If incident occurred on premises state type of property.....

Weather and Road conditions.....

What was the speed limit in force?

What Road signs and markings were there?.....

What was the width of the Road?.....

Please complete the table below.

	Insured	Third Party
Speed of vehicle prior to incident		
Distance from near side of kerb		
What lights were displayed?		
What signals were given?		
What warnings were given?		

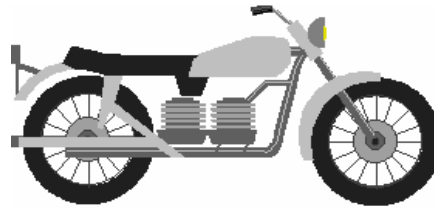
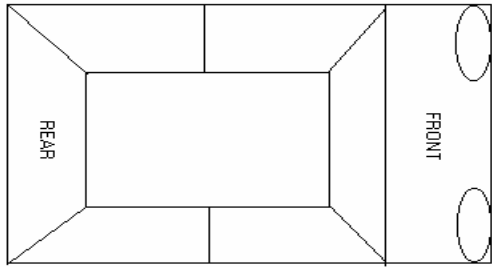
SECTION SEVEN – DAMAGE TO YOUR VEHICLE (If Comprehensive cover forward two competitive estimates)

Describe damage to vehicle

.....

.....

Show Area of Impact using x's



What is the estimated cost of repair?

Where and when can the vehicle be inspected?

Name and Address of Repairer

Telephone

SECTION EIGHT – THIRD PARTY DETAILS

Damage to other vehicles and property not owned by you or in your custody or control.

Make of vehicle and Registration Number	Damage Details (state if vehicle was mobile after incident)	Name/Address/Tel Number of owner and/or driver	Name and Address of Insurer	Policy Number	Were there any passengers in this vehicle?

Details of anybody injured in the incident (including injuries to your passengers)

Name/Address and Telephone Number of Injured person	Approx Age	Nature of Injuries	Specify if own passenger, other vehicle passenger or pedestrian	Was seat belt worn?

Did an Ambulance attend the scene?

Was anybody taken to Hospital? Were they detained?
If yes, give name and address of Hospital
.....
Has any claim been intimated against you, either verbally or in writing?

PLEASE ENSURE YOU FORWARD ANY THIRD PARTY CORRESPONDENCE, NOTICE OF PROSECUTION OR OTHER PROCEEDINGS IMMEDIATELY.

SECTION NINE – POLICE DETAILS

Was the incident reported to the Police?
If yes, provide name and address of Station
Police Incident Reference
Is any prosecution of the driver likely? If yes, give details

SECTION TEN – WITNESS DETAILS

Please provide details of all passengers and independent witnesses.

Names/Addresses of own Passengers	Names/Addresses of any other witnesses

SECTION ELEVEN - ADDITIONAL INFORMATION

Please provide any additional information which may be helpful to us in dealing with your claim.

.....
.....
.....
.....
.....

SECTION TWELVE - DECLARATION – (Please read carefully before signing)

I declare that the above statements are true and correct to the best of my knowledge and belief. I hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information with my knowledge connected with the loss and I agree to provide the Insurers with any further information or documentation as may be required. If my vehicle is a total loss I agree that the company have my permission to remove the vehicle to safe and free storage pending settlement of this claim. I consent that the Insurers have authority to settle any Third Party claim on the best possible terms. I understand that any attempt to make a fraudulent theft claim will result in prosecution.

Signature of Driver or Last Person in Charge of Vehicle.....Date.....

Signature of Policyholder.....Date.....

MANDATE FOR RELEASE OF INFORMATION UNDER DATA SUBJECT ACCESS PROVISIONS OF THE DATA PROTECTION ACT 1984 (SECTION 21 (1) AND (2))

COMPANY DETAILS

NAME AND ADDRESS OF COMPANY **TRADEWISE INSURANCE SERVICES LTD**
LINK HOUSE
292-308 SOUTHBURY ROAD
ENFIELD
MIDDLESEX
EN1 1TS

ACCOUNT NUMBER8202..... **REFERENCE NUMBER**

THE INFORMATION IS REQUIRED FOR THE FOLLOWING PURPOSE(S)
.....Driver Enquiries following Road Traffic Accident.....

DRIVER DETAILS

I authorise the Driver and Vehicle Licensing Agency (DVLA) to supply any information with the exception of any medical information that may be held on its driver computer record, relating to myself and my driving entitlement past and present including any valid endorsements, disqualifications etc. (within the meaning of the Road Traffic Offenders Act 1988), to the company named above. I request that the information be sent to (delete as appropriate)

- MYSELF AT THE ADDRESS BELOW
- TO THE COMPANY

FIRST NAME(S)
SURNAME

DATE OF BIRTH **DRIVER NUMBER**

CURRENT ADDRESS
.....
..... **POSTCODE**

PREVIOUS ADDRESS
.....
..... **POSTCODE**

Important Note: If your current address is not shown on your driving licence you should return it to the DVLA immediately, so that a new one showing the correct address can be issued. Failure to notify changes of name and address is an offence, which could lead to a fine of up to £1000.00.

SIGNED **DATE**

n.b. Any request for information will not be processed later than three months after the date of signature.