

Motor Vehicle Accident Report

Please complete and return this form to:

Address Stamp of Issuing Office

Ref No _____

Policy Holder Details

Name _____ Policy/Certificate Number _____

Address _____

Postcode _____

Occupation _____ Daytime Tel. No Home _____

Are you registered under the VAT regulations? Yes No

If Yes please give details _____

Driver/Person in charge (of vehicle immediately before incident)

Name (Mr/Mrs/Miss) _____ Daytime Tel. No _____

Permanent Address _____

Date of Birth _____ Occupation _____

How long employed by you? _____ Current licence No (state if provisional) _____

Date of first full licence _____ Is the driver the main user Yes No

If No, give proportion of use _____

If not the Policyholder, did the driver have the Policyholder's permission to drive? Yes No

1. Has driver been concerned in any accident or loss during past three years? Yes No

2. Has driver ever been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle? Yes No

3. Has driver ever been declined or refused renewal for vehicle insurance? Yes No

4. Has driver any physical defect, infirmity or impairment of sight or hearing? Yes No

If answer to question 1,2,3 or 4 is Yes, give details _____

Insured Vehicle

Make _____ Model _____ Reg. No _____

Year of Manufacture _____ Name of H.P. Company or Finance House interested (if any) _____

Description of damage _____

Repairer's Name, Address and Tel. No _____

Is Vehicle at Repairer's Premises? Yes No Estimated cost of repair (if known) £ _____

Purpose for which vehicle was being used _____

Number of persons being carried (including the driver) _____ Nature of goods being carried (if any) _____

In the event that your vehicle is assessed as being beyond economical repair, as protection, we shall move it to free and safe storage.

Third party – other driver(s) and vehicle(s) involved

Name _____ Address _____

Tel. No Home _____ Tel. No Office _____

Name/address of Insurers _____

Policy/Certificate No _____ Registration No _____

Make and Model of Vehicle _____

Description of damage to other Vehicle or Property _____

Injured Persons

Name	Address	Nature of Injuries sustained	Apparent Age	State whether occupant of Insured car, other car, or pedestrian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Particulars of Hospital or Doctor attending injured person(s) _____

Accident

Date ____ / ____ / ____ Time _____ Place _____

State of roads _____ Weather conditions _____

Witnesses

Names and addresses of all independent Witnesses _____

Names and addresses of passengers in Insured Vehicle _____

Were particulars taken by a Police Officer? If so, give name, number and station _____

Note to Help You

If anyone has been injured or if you have suffered a theft or malicious damage the matter must be reported to the police as soon as possible. Send, unanswered, all correspondence you or the driver receive from others involved in the incident to your insurance advisor or your Allianz Cornhill office.

Getting your Vehicle Repaired

If your vehicle is insured for the damage to it you may put in hand any temporary repairs necessary to make it driveable. We will want to see any estimates or invoices for this work but do not delay submitting the accident report form.

Approved repairers – We have a network of these, and we may have already suggested that you use them. Using one of our Approved Repairers will give you many advantages, including in the case of cars:

- collection of your damaged car and return to you after repair
- a free courtesy car
- instant repair authorisation and the car will be washed and vacuumed before it is returned.

We understand if you want to use a repairer of your own, although it is likely we would want to inspect your vehicle at the repairer's premises at some point. Please send us an estimate from the repairer you want to use.

For the address of our Approved Repairers please telephone your insurance advisor or Allianz Cornhill's nearest office.

Write Offs – If your vehicle proves to be too badly damaged to repair economically we will need the following documents:

- Your Registration Document (V5)
- Your current MOT certificate (if your vehicle is over 3 years old)
- Your original purchase receipt, if possible
- Any service or repair accounts

We will tell you its value as soon as we have this information.

Notice

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.

VERY IMPORTANT - FRAUDULENT AND EXAGGERATED CLAIMS.

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the risk and assist in making a decision regarding our acceptance of the risk, to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews. We may also share these details with other insurance organisations to help off-set risks, to help administer your policy and to handle claims and prevent fraud. We will store your details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, you are entitled to a copy of all of the information we hold about you.

I declare the foregoing particulars to be correct according to my information and belief. I/We understand that you may ask for information from other insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature _____ Date _____