



## 1 POLICYHOLDER

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Tel. No. Home \_\_\_\_\_ Bus. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

## 2 V.A.T.

Is the vehicle owner registered for VAT purposes? YES/NO  
 If YES state if the VAT included in the cost of repairing or replacing the vehicle can be recovered  
 a) Completely b) Partially \_\_\_\_\_% c) Not at all (delete as necessary)

## 3 DRIVER OR PERSON IN CHARGE OF VEHICLE

It is still necessary for this section to be fully completed even if the policyholder was the driver or the vehicle was unattended or parked.  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Licence No. \_\_\_\_\_  
 Driving Licence held Full/Provisional/Heavy Goods/International/Other (delete as appropriate)  
 Date test passed \_\_\_\_\_  
 Length of recent and regular driving experience in the U.K. etc. \_\_\_\_\_  
 Has he/she been convicted of any motoring offences? YES/NO  
 If so give details \_\_\_\_\_  
 Has he/she any physical infirmity, or defective vision or hearing, or lost a limb or an eye YES/NO. If so give details \_\_\_\_\_  
 If your permanent Driver, how long has he/she been in your employ? \_\_\_\_\_  
 Has he/she, in his/her name, a Motor Insurance Policy? YES/NO  
 If so please state name of Insurers and the Policy Number \_\_\_\_\_

## 4 NAMES AND ADDRESSES OF WITNESSES

Independent \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Passengers (State if injuries sustained by any such person, and, if so the nature thereof) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 5 INJURED PERSONS

Give name(s) and address(es) of any injured persons (other than occupants of your car) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Nature of injuries \_\_\_\_\_

## 6 PARTICULARS OF VEHICLE

Reg. No. \_\_\_\_\_ Present Value \_\_\_\_\_  
 Year of Make \_\_\_\_\_ CC's \_\_\_\_\_ Colour \_\_\_\_\_  
 Make & Model \_\_\_\_\_  
 VIN/Chassis Number \_\_\_\_\_  
 If the vehicle is not your property entirely state the name and address of the owners including any finance company interested. \_\_\_\_\_  
 \_\_\_\_\_  
 State exact details of the journey at the time of accident  
 Travelling from \_\_\_\_\_ to \_\_\_\_\_  
 What was the purpose of the journey? (The word PRIVATE is not sufficient)  
 \_\_\_\_\_  
 Was the vehicle being used in accordance with your instructions? YES/NO  
 How many passengers were being conveyed? \_\_\_\_\_  
 State nature and weight of any goods carried, and gross vehicle weight (For Commercial Vehicles only) \_\_\_\_\_

## 7 PARTICULARS OF ACCIDENT

Date and time of the accident? \_\_\_\_\_  
 Where did the accident occur? \_\_\_\_\_  
 \_\_\_\_\_  
 Class of road \_\_\_\_\_ Approximate width of road \_\_\_\_\_  
 Condition of road \_\_\_\_\_  
 Your position on road \_\_\_\_\_  
 If driving on n/s how far out were n/s wheels from kerb? \_\_\_\_\_  
 At what speed was your vehicle travelling immediately prior to the accident? \_\_\_\_\_ Was your horn sounded? \_\_\_\_\_  
 If dark, what lamps were showing on your vehicle? \_\_\_\_\_  
 Who in your opinion, was to blame? \_\_\_\_\_  
 Give name if other than yourself or driver \_\_\_\_\_  
 Are you a member of the AA or RAC? \_\_\_\_\_

## 8 POLICE EVIDENCE

Did the Police take evidence or particulars? YES/NO  
 If so, give his/her Number and Station \_\_\_\_\_  
 \_\_\_\_\_  
 Was he/she a witness? YES/NO  
 Did he/she indicate that anyone may be prosecuted? YES/NO  
 If so, whom? \_\_\_\_\_

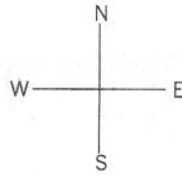
## 9 PARTICULARS OF THIRD PARTY VEHICLE INVOLVED OR OTHER PROPERTY DAMAGED

Name & address of the owner \_\_\_\_\_  
 \_\_\_\_\_  
 Name & address of the driver \_\_\_\_\_  
 \_\_\_\_\_  
 Make, Model, Reg. No. & Colour \_\_\_\_\_  
 Nature of damage \_\_\_\_\_  
 Has notice of any claim been given to you? YES/NO  
 If in writing, forward immediately unanswered. If verbally, give particulars  
 \_\_\_\_\_  
 Details of the third party Insurers if known \_\_\_\_\_

**10 SKETCH**

Position immediately before the accident

Where appropriate, show road widths, traffic lights, warning signs, names of adjacent roads etc. Indicate direction of vehicles with an arrow



Position when vehicle came to rest

**11 EXPLAIN FULLY HOW ACCIDENT OCCURRED**

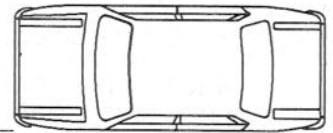
A large rectangular area with horizontal lines for writing, intended for explaining the accident details.

**12 GIVE FULL PARTICULARS OF THE DAMAGE TO YOUR VEHICLE**

Three horizontal lines for providing full particulars of the damage to the vehicle.

If your Policy covers the cost of repairs to your vehicle in the interest of both Policyholder and the Underwriters it is essential to keep the repair costs to a minimum and with this mind, if the car is still mobile, please obtain two estimates.

Is the car still mobile? YES/NO  
If not please state address where motor vehicle can be examined



Show area of impact by arrow

If the battery, exhaust system or tyres are to be replaced please advise age of damaged items, and approximate expired mileage of tyres

Is vehicle still in use YES/NO

At repairers YES/NO

If still in use when do you intend to have the work carried out?

Date \_\_\_\_\_

If beyond economic repair, pending settlement, can we move vehicle to place of free storage YES/NO

Do you hereby authorise us, where necessary to instruct repairs on your behalf YES/NO

Do you hold more than one Policy indemnifying you in respect of this accident YES/NO

If so give details \_\_\_\_\_

**13 PLEASE GIVE ANY FURTHER INFORMATION WHICH MAY BE OF USE IN DECIDING LIABILITY**

A large rectangular area with horizontal lines for providing further information relevant to liability.

All communications relating to the accident must be immediately forwarded unanswered

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.

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

I/We declare that the information given in this form is true and correct to the best of my/our knowledge and belief.

Policyholders Signature \_\_\_\_\_

Date \_\_\_\_\_

(If the Policy is in the name of a firm, this form must be signed by a partner, officer, or director and rubber stamped).