

MOTOR INSURANCE REPORT FORM

Important:

If you intend to deal with any vehicle/property damage caused without claiming under your policy and no personal injury is involved, please tick box to show that details given are for information purposes only.

Please complete in all circumstances

Section 1 Your Details

Policy number		
Full Name(s)	Date of Birth / /	Sex (M/F)
Company Name		
Address		
Postcode		
Occupation	Employer	
Telephone Day	Evening	Mobile
Are you VAT registered?	<i>Insert YES or NO</i>	If partially exempt, insert recovery %
<i>If 'YES', please provide VAT registration number</i>		

Please complete in all circumstances

Section 2 Your Vehicle Details

Make/Model	c.c.		
Reg. No.	Number of Seats	Value	Mileage
Date of Purchase	Year of Manufacture	G.V.W.	
Has the vehicle been modified in any way from manufacturer's original specification?			<i>Insert YES or NO</i>
<i>If 'YES', please give details</i>			
Is the vehicle subject to an HP Agreement or a Leasing Contract?			<i>Insert YES or NO</i>
<i>If 'YES', Name and Address of HP/Leasing Company and Account Number</i>			
Are you the owner of the vehicle?			<i>Insert YES or NO</i>
<i>If 'NO', please give name and address of the owner</i>			
Is owner VAT registered?			<i>insert YES or NO</i>

Please complete in all circumstances

Section 3 Driver or Person Last in Charge of The Vehicle

Full Name	Date of Birth / /	Sex (M/F)
Address		
Postcode		
Occupation	Employer	
Employer		How long employed?
Has the driver had any motoring convictions in the last 5 years?		
<i>Insert YES or NO</i>		
<i>If 'YES', give full details including the date of offence, date of conviction, conviction code, penalty points and amount of fine imposed.</i>		
Type of driving licence held	<input type="checkbox"/> Full	<input type="checkbox"/> Provisional
Date test passed	/ /	
Driving Licence Number		

Only complete if other motor vehicles or property have been damaged or involved in the incident

Section 7 Other Motor Vehicles or Property		
	1	2
Owner/Drivers name		
Address		
Telephone		
Make & Reg No of vehicle/details of property		
Damage		
Insurers (name, address & policy number)		

Please include details of additional vehicles or property involved in the incident on a separate piece of paper

Only complete if persons have been injured

Section 8 Injured Persons				
Name	Address	Injuries sustained	State whether wearing seatbelt	If a passenger, state in which vehicle

Please complete in all circumstances where there were witnesses to the incident

Section 9 Witnesses to Accident		
Name	Address	If a passenger, state in which vehicle

Please note

Section 10 Data Protection Act 1998

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Data Base Services Limited (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.

Please complete in all circumstances

Section 11 Declaration

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from the insurer any information within my/our knowledge connected with this claim. I/We agree to provide the Insurer with any further information or documentation as may be reasonably required. I/We understand that the Insurer does not admit liability by the issue of this form.

I/We understand that you may seek information from other insurers to check the answers I/we have provided. I/We confirm that I/we have no objection to Norwich Union Bonus, who are my/our Insurers obtaining any information they require from the DVLA in connection with my/our driving licence(s).

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

Signature of Driver (where other than Policyholder)	Date / /
Signature of Policyholder	

FRAUD WARNING: The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

Is the driver the main user of the vehicle?

Insert YES or NO

If 'NO', please give name, age, address and occupation of main user.

What was the purpose of the journey?

Only complete if your vehicle has been damaged

Section 4 Your Vehicle Damage

Please describe the damage to your vehicle

Is the vehicle mobile/still in use?

Insert YES or NO

If 'NO', where is the vehicle?

Address

Telephone Number

If appropriate, may the vehicle be moved to a CGU Repair Centre?

Insert YES or NO

If you have a qualifying policy, do you require a 'free' hire car? (see notes 'What should I do now?' 3)

Insert YES or NO

Have you instructed a garage to commence repairs?

Insert YES or NO

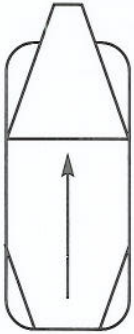
If 'YES'

Name

Address

Telephone Number

Please mark below
1 Angle on impact
2 Area of Damage



Only complete if your vehicle has been stolen or there was attempted theft or theft from your vehicle

Section 5 Theft or Attempted Theft details

Was the vehicle left unattended?

Insert YES or NO

If 'YES', under what circumstances was the vehicle left unattended?

Did you remove the ignition key?

Insert YES or NO

If 'YES', who has the keys now?

Were the doors/boot locked?

Insert YES or NO

Was a security device in operation?

Insert YES or NO

If 'YES', state type including make/model

Was the vehicle in a garage at the time of the incident?

Insert YES or NO

Were any personal effects stolen from or with the vehicle?

Insert YES or NO

If 'YES', please provide the name(s) of the owner(s) of such items, a description of the items, their value, and supporting documentation

If the vehicle has not been recovered or is beyond economic repair, please forward the following:

- Registration Document (V5)
- MOT Certificate/HGV Certificate/Plating Certificate (where applicable)
- Purchase Invoice and Hire Purchase Agreement (if applicable)
- Recent Service Invoice(s) and/or Service Record Book
- All keys to the vehicle

Please note that it may be necessary for you to provide a statement of facts to ourselves or our appointed representative in relation to this incident.

