

particulars of motor accident

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

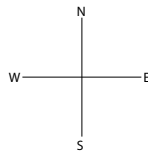
If in writing, forward immediately unanswered. If verbally, give particulars _____

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 vehicle with an arrow



Position when vehicle came to rest

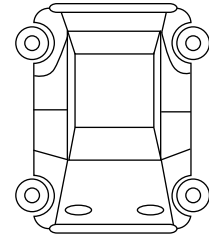
11. EXPLAIN FULLY HOW ACCIDENT OCCURRED

12. GIVE FULL PARTICULARS OF THE DAMAGE TO YOUR 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

All communications relating to the accident must be immediately forwarded unanswered

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd. (IDSL Ltd.), the Hunter database run by MCL Ltd. and the Motor Insurance Anti-Fraud Register, run by the Association of British Insurers (ABI). The aim is to help us 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. When you tell us about an incident, we will pass information relating to it to the registers.

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).