

# Motor Accident Report Form

## POLICYHOLDER

Policy Number

Full Name

Address   
 Postcode

Contact Name

Telephone Number  Email Address

Are you VAT registered?  If YES, what percentage can you recover?  %

## DRIVER

Full Name  Date of birth

Occupation  Telephone Number

Address   
 Postcode

Is the driver employed by you?  Was the vehicle driven with your permission?

Have you been involved in any previous accidents or do you have any motoring convictions?

If YES please give full details and dates

Has the driver any Medical Conditions reportable to the DVLA?

If YES please give full details

Type of driving licence held & categories covered  Date passed test

## YOUR VEHICLE

Make and Model  Year

CC  Registration Number  Current Mileage

Owners name

Owners Address

Postcode

Brief description of the damage

Would you like to utilise your own repairer or an insurer approved repairer?

Is the vehicle currently in storage?

Current location of vehicle

## ACCIDENT

Date  Time   Location

Weather conditions  Visibility

What lights were lit on the vehicle?

Speed a) before the accident  mph b) at impact  mph

Do you feel you (or your driver) was responsible for the incident?

Did the Police attend?

If YES, give name of Force, Officer Name and Number

What was the purpose of the journey?

On a separate sheet, please sketch a rough plan of the accident, please show the name, approx width of roads and directions of vehicles

## DRIVERS STATEMENT Please state fully what happened, continue on a separate sheet if necessary

## WITNESSES Please continue on separate sheet if necessary

Full Name

Address

Postcode

Passenger / Independent Witness

## OTHER PERSONS INVOLVED / PROPERTY DAMAGED Please continue on separate sheet if necessary

Full Name  Vehicle Registration

Car Make  Model  Colour

Address

Postcode

Damage  Insurance Details

## PERSONS INJURED Please continue on separate sheet if necessary

Full Name  Seat belt worn

Address

Postcode

Injury  Taken to Hospital

## DECLARATION

I/We declare that these particulars are true to the best of my/your knowledge (in case of joint policy holders, both should sign)

Signature  Date