

Motor Accident Report Form

DAVID
ROBERTS
& PARTNERS
GROUP

POLICYHOLDER

Policy Number	<input type="text"/>		
Full Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>
Are you VAT registered?	<input type="text"/>	If YES, what percentage can you recover?	<input type="text"/> %

DRIVER

Full Name	<input type="text"/>	Date of birth	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Is the driver employed by you?	<input type="text"/>	Was the vehicle driven with your permission?	<input type="text"/>
Have you been involved in any previous accidents or do you have any motoring convictions?	<input type="text"/>		
If YES please give full details and dates			
<input type="text"/>			
Has the driver any Medical Conditions reportable to the DVLA?			
<input type="text"/>			
If YES please give full details			
<input type="text"/>			
Type of driving licence held & categories covered	<input type="text"/>	Date passed test	<input type="text"/>

YOUR VEHICLE

Make and Model	<input type="text"/>	Year	<input type="text"/>
CC	<input type="text"/>	Registration Number	<input type="text"/>
		Current Mileage	<input type="text"/>
Owners name	<input type="text"/>		
Owners Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Brief description of the damage			
<input type="text"/>			
Would you like to utilise your own repairer or an insurer approved repairer? <input type="text"/>			
Is the vehicle currently in storage? <input type="text"/>			
Current location of vehicle	<input type="text"/>		
	<input type="text"/>		

ACCIDENT

Date	<input type="text"/>	Time	<input type="text"/>	<input type="text"/>	Location	<input type="text"/>
Weather conditions	<input type="text"/>				Visibility	<input type="text"/>
What lights were lit on the vehicle?	<input type="text"/>					
Speed	a) before the accident	<input type="text"/>	mph	b) at impact	<input type="text"/>	mph
Do you feel you (or your driver) was responsible for the incident? <input type="text"/>						
Did the Police attend? <input type="text"/>						
If YES, give name of Force, Officer Name and Number <input type="text"/>						
What was the purpose of the journey? <input type="text"/>						

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	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Passenger / Independent Witness	<input type="text"/>		

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

Full Name	<input type="text"/>	Vehicle Registration	<input type="text"/>
Car Make	<input type="text"/>	Model	<input type="text"/>
		Colour	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Damage	<input type="text"/>	Insurance Details	<input type="text"/>
Telephone	<input type="text"/>		

PERSONS INJURED Please continue on separate sheet if necessary

Full Name	<input type="text"/>	Seat belt worn	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Injury	<input type="text"/>	Taken to Hospital	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
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