

Motor Insurance Accident Report Form

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- Important**
- Please complete this Form by answering all the questions and ticking the appropriate boxes, using blue or black ink and writing in capitals. Failure to complete the shaded areas will result in delay in dealing with this claim.
 - If there is insufficient space for any of your answers, please continue on a clearly marked separate sheet of paper.
 - Once you have completed the Form, please return/send it to one of the addresses above.

Part 1 Details of Policyholder

Policy number	<input type="text"/>	Accident date	<input type="text"/>
Name in full	<input type="text"/>		
Full postal address	<input type="text"/>		
		Postcode	<input type="text"/>
Contact telephone number(s)	Work <input type="text"/>	Home/Mobile	<input type="text"/>
Business / occupation (If more than one, state all)	<input type="text"/>		
Are you registered for VAT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', what percentage can you recover? <input type="text"/> %

Part 2 Details of Vehicle / Owner

Registration number	<input type="text"/>	Make	<input type="text"/>
Colour	<input type="text"/>	Model	<input type="text"/>
Year of manufacture	<input type="text"/>	Cubic capacity	<input type="text"/> cc
		Number of doors (including tailgate)	<input type="text"/>
		Carrying capacity or GVW	<input type="text"/>
Date of purchase	<input type="text"/>	Price paid	£ <input type="text"/>
		Current market value	£ <input type="text"/>
Registered owner	<input type="text"/>		

Part 3 Details of Vehicle Use

Reason for journey Note: 'Private use' is not sufficient

Was the vehicle being used for business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', give details of goods/samples carried <input type="text"/>	Weight(s) of load(s)	<input type="text"/>
Was the vehicle being driven by someone other than the Insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', was this with your permission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 4 Details of Driver or Last Person in Charge of Vehicle

Name in full	<input type="text"/>				
Full postal address (if different from that given in Part 1)	<input type="text"/>		Age	<input type="text"/>	Date of birth
	Postcode				<input type="text"/>
Occupation(s)	<input type="text"/>		Date driving test passed	<input type="text"/>	
Is the driver the main user?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of licence:	Full <input type="checkbox"/>	Provisional <input type="checkbox"/>
Has the driver...	a	ever been convicted or is a prosecution pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
	b	been involved in any accident or made any claim in the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
	c	ever been refused insurance, had a policy cancelled, a renewal declined, or special terms imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
	d	any mental or physical infirmity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>

If you answer 'Yes' to any of a) to d) below, please give details

Part 5 Details of Third Party Vehicle

Registration number	<input type="text"/>	Insurance policy number	<input type="text"/>
Driver	Insurers		
Name and address	<input type="text"/>		<input type="text"/>
	Postcode		Postcode
Telephone number	<input type="text"/>		<input type="text"/>
Owner (if not the driver)	Details of damage		
Name and address	<input type="text"/>		<input type="text"/>
	Postcode		<input type="text"/>
Telephone number	<input type="text"/>		<input type="text"/>

Part 6 Details of Third Party Property

Name and address		Details of damage
	Postcode	

Part 7 Details of Injuries If applicable

Was anyone injured in the incident? Yes No If 'Yes', give details below. If 'No' go on to Part 8

Name and address of injured person(s)	1	2	
	Postcode	Postcode	
Age	<input type="text"/>	Age	<input type="text"/>
Third party or passenger	<input type="checkbox"/>	Third party or passenger	<input type="checkbox"/>
Were seat belts being worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Were seat belts being worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was hospital treatment given?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was hospital treatment given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of injury			

Part 8 Details of Damage to the Policyholder's Vehicle

Is the vehicle leased? Yes No If 'Yes', give details below

Is there any outstanding HP/Financial Interest? Yes No If 'Yes', give details below

* Lease/HP/Finance Company details

Was the vehicle towed to a garage? Yes No

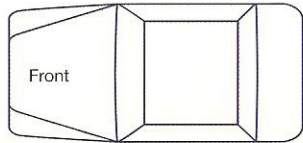
Have the tyres been damaged? Yes No If 'Yes', state mileage covered

Where can the vehicle be seen?

Is the vehicle still in use? Yes No If the policy covers the damage sustained by your vehicle and that vehicle remains in use, please obtain and forward to us **more than one** estimate for our consideration.

May we move the salvage? Yes No

Use this diagram to indicate direction and area of damage:



If repairs will not be economic, we may wish to move the vehicle to safe and free storage. We should appreciate your permission to do this. If you decline you could become liable for any additional charges which are then incurred.

Part 9 Details of the Accident

Exact location of the accident Eg. Town / village

Name of road(s)

Road conditions

Details of insured vehicle

Lights displayed Speed at time of accident mph

Details of third party vehicle

Lights displayed Speed at time of accident mph

Was the accident reported to the Police? Yes No If 'Yes', give details

Were statements taken? Yes No

ID Number of the Reporting Officer

Who, in your opinion, was to blame?

Circumstances of the accident

Date and time of the accident am / pm

Width of road(s)

Speed limit mph

Distance of insured vehicle from nearside ft

Full address of Police station

Postcode

Can insurers or their authorised agents admit liability on the policyholder's/driver's behalf? Yes No

Important On a separate sheet of paper attached to this Form please provide a sketch showing positions of vehicles and direction of travel and all road signs and markings. Photographs of the accident scene are also helpful.

Part 10 Details of the Witnesses

Name and address	A. Independent witness(es)	B. Passenger(s) in insured vehicle
	1 <input type="text"/>	1 <input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>

Part 11 Declaration and Signature

You are reminded that the Policy conditions require that every letter, writ, summons and process must be notified or forwarded to Brit Insurance Limited immediately on receipt. You must also tell us of any impending prosecution, inquest or fatal injury.

Do NOT attempt to deal with any Third Party claim yourself or make any offer or admission of liability.

Insurers pass information to various anti-Fraud and Theft Registers. The aim is to help us check information provided, and also to prevent fraudulent claims. Under the conditions of your insurance policy, you must tell us about any incident (such as an accident or theft) whether or not it gives rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

I/We hereby declare that the above statements are true to the best of my/our knowledge and belief, and that the vehicle is not insured except with Brit Insurance Limited. I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of insured driver

Date