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MOTOR VEHICLE ACCIDENT CLAIM FORM

POLICY HOLDER	
Name	Policy/Certificate No.
Address	Daytime Phone No
Postcode	Occupation
Are you registered under the VAT regulations? YES ☐ NO ☐	
If **YES**, please give details	

DRIVER (*or person in charge of vehicle*)		
Name (Mr/Mrs/Miss)		Daytime Phone No.
Permanent Address		
Date of Birth		Occupation
How long employed by you?		Current Licence No. (State if provisional)
Date of First Full Licence	Is the driver the main user? ☐ **YES** ☐ **NO**	If **NO**, give proportion of use ☐
If not the Policyholder, did the driver have the Policyholder's permission to drive? ☐ **YES** ☐ **NO**		
And does the driver own a motor vehicle? ☐ **YES** ☐ **NO**		
If **YES**, give the name and address of Insurer and number of Motor Policy		

Has the driver:-		
1. been concerned in any accident or loss during past three years?	**YES** ☐	**NO** ☐
2. ever been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle?	**YES** ☐	**NO** ☐
3. ever been declined or refused renewal for vehicle insurance?	**YES** ☐	**NO** ☐
4. any physical defect, infirmity or impairment of sight or hearing?	**YES** ☐	**NO** ☐
If answer to question 1,2,3 or 4 is **YES**, give details		

INSURED VEHICLE

Make	Model	Reg. No
Year of Manufacture	Name of H.P. Company or Finance House interested (if any)	
Description of Damage		
Repairer's Name, Address and Tel No.		
Is Vehicle at Repairer's Premises? **YES** ☐ **NO** ☐	Estimated cost of repair (if known)£	
Purpose for which vehicle was being used		
Number of persons being carried (including the driver)	Nature of goods being carried (if any)	

THIRD PARTY

Name	Tel No. (Home)
Address	(Office)
Name of Insurers	
Policy/Certificate No.	Make and Model of Vehicle
Registration No.	
Description of damage to other Vehicle or Property	

Injured Persons:

Name	Address	Nature of injuries sustained	Apparent age	State whether occupant of Insured Car, other car, or pedestrian

Particulars of Hospital or Doctor attending injured person(s):

ACCIDENT		
Date	Time	Place
State of Roads	Weather conditions	

WITNESSES
Names and addresses of all independent witnesses
Were particulars taken by a Police Officer? If so, give name, number and station

ACCIDENT		
	Insured Vehicle	**Third Party**
Estimated speed		
Position in road		
What lights were used		
Description of Accident:		

Give sketch plan of accident here Show if possible, widths of roads, location and direction of travel of vehicles Or pedestrians concerned and relevant road signs

INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND TO DECIDE WHETHER TO ACCEPT YOUR PROPOSAL AND, IF SO, ON WHAT TERMS VIA THE CLAIMS AND UNDERWRITING EXCHANGE REGISTER, OPERATED BY INSURANCE DATABASE SERVICES LTD. A LIST OF PARTICIPANTS IS AVAILABLE ON REQUEST. THE INFORMATION YOU SUPPLY ON THIS FORM, TOGETHER WITH THE INFORMATION YOU HAVE SUPPLIED ON YOUR APPLICATION FORM AND OTHER INFORMATION RELATING TO THIS CLAIM, WILL BE PROVIDED TO PARTICIPANTS.

I/We declare the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto

Signature of Policyholder	**Date**