



Please complete this form fully on both sides and continue on a separate sheet of paper if necessary. It is a condition of your policy to report all incidents as soon as possible even if you do not intend to make a claim. Any correspondence received in connection with the incident must be submitted immediately

Policyholder		Policy Number	
Address			
Post Code		Telephone No.	Name of Depot
Occupation / Business		E-mail address	Fax No.
Are you registered with HM Customs & Excise as taxable vat?		YES	If partially exempt what % can you reclaim?
Driver or person last in charge if unattended			
Name	Occupation	Agency Driver	YES/NO
Address		Date of Birth	
State Class of Licence held (Car, PCV, HGV etc)		Date of passing driving test for vehicle involved in accident	
Licence Number	Groups	Expiry Date	
Give details of all motoring convictions or prosecutions pending (I.e. charge: date: penalty). If none state "None"			
Give details of all accidents or losses in the last three years. If none state None			
Give details of any physical defect, infirmity, defective vision or hearing			
Vehicle			
Make/Model	Year of make	Reg No.	
Type of body and no. of seats		Gross vehicle weight (GVW)	
For what purpose was the vehicle being used?			
If goods were being carried for business purposes please state below the nature of the load and the name and address of the owners of the load			
How many passengers were being carried?			
Damage to the Insured Vehicle			
Full details of damage			
If your vehicle is damaged do you wish to claim on your policy if the vehicle is covered			YES / NO
Is the vehicle still in use (I.e. mobile and road-worthy)?		YES/NO	Estimated Cost of Repairs
When and where can the vehicle be examined? (please provide a phone number if possible)			
Please note that if damage to your vehicle is covered under the policy and the vehicle is considered beyond economic repair it may be moved to free and safe storage to avoid unnecessary storage charges			
Description of Accident			
Date of Incident		Time of Incident	
AM / PM			
Place of Incident			
Speed of Vehicles	Yours:	MPH	Others:
			MPH
Width of Road		Conditions	Speed Limit
			MPH
Weather/Visibility		Street lights on?	
		YES/NO	
What lights was your vehicle displaying?		What lights was the other vehicle/s displaying?	
Did the police take details of the incident? YES/NO If "Yes" please give details below			
Officers name and number		Station	
Did you make a written statement?		YES/NO	Was anybody cautioned?
			YES/NO
If "Yes" please give details			

Please confirm exactly how the incident happened and confirm details of all property damage. If necessary please also provide a sketch of the incident to include the width of the roads, type and position of all road signs & markings, direction of travel of all parties and the points of impact(s)

Written Description:	Sketch:

If necessary, please continue on a separate piece of paper

Who do you blame for the incident and why?

Witnesses

Please confirm the names, addresses and telephone numbers of all passengers in your vehicle

Please confirm the names, addresses and telephone numbers of all independent witnesses to the incident

Other parties involved. Please confirm the names, addresses and tel. no's of all other parties involved (continue on a separate sheet if necessary)

Name & address of owner / driver		Telephone number	
Vehicle make / model / registration no.		Vehicle colour	
Damage / point of impact		Number of occupants	
Name, address, policy no. of Insurers			
Name & address of injured persons			

Were any injured parties vehicle drivers, passengers or pedestrians?

Were seat belts fitted to all vehicles? Yes / No If "Yes" were they in use at the time of the incident? Yes / No

Please confirm details of all apparent injuries

Taken to hospital? Yes / No Name of hospital attended? Detained? Yes / No

Property Damage: Name & address of owners & extent of damage

Notice & Declaration (please read carefully)

Notice: Insurers pass information to the Claims and Underwriting Exchange Register (CUE), run by Insurance Database Services Ltd (IDSL) and the Motor Insurance Anti-Fraud and Theft Register (MIAFTR), run by the Association of British Insurers (ABI). They also exchange information with other Insurers and other organisations through various other databases. The aim is to help them 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. Your insurers will pass information relating to this incident to the registers.

In addition your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLI for the purpose of Electronic Vehicle Licensing and by the police for the purpose of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK Insurers, the Motor Insurers' Bureau (MIB) and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from us, or at www.miic.org.uk.

Your information may also be disclosed to agents and service providers appointed by your insurers (such as claims handling agents, approved engineers, and investigative agents) and may be transferred to any country including countries outside the European Economic Area for the purposes of administration. Your information may also be shared with others with organisations associated with your insurers.

Declaration: I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will render every assistance required by my/our insurers.

Policyholder's or Company Official's Signature	Date
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