

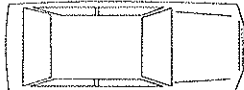
Motor Accident Report

Your Contact

Your Claim No.

Policyholder		Branch
Full Name	Policy Number	
Occupation	Date of birth	
Address		
Postcode	Private Tel. No.	Daytime Tel. No./Contact Name
Are you VAT registered?	Insert YES or NO <input type="checkbox"/>	If yes, what percentage can you recover? <input type="text"/> %

Driver		
Full Name	Occupation	Date of birth
Address		
Postcode	Private Tel. No.	
Is driver employed by you?	Insert YES or NO <input type="checkbox"/>	Was the vehicle driven with your permission? Insert YES or NO <input type="checkbox"/>
Has the driver any conviction (including Fixed Penalty offences) in connection with any motor vehicle?		Insert YES or NO <input type="checkbox"/>
If YES, please attach full details and dates.		
Has the driver/person in charge ever been refused motor vehicle insurance?		Insert YES or NO <input type="checkbox"/>
If YES, please give details and dates.		
Type of driving licence held.	Full/Provisional	Date of first Full licence issued.

Vehicle		
Make and Model	Year	cc
Reg No.	Date of first registration	
Chassis No.	Vehicle identification No. (VIN)	
Owner's name and address:		
Finance Company name, address and agreement no.:		
Describe fully the purpose for which the vehicle was being used:		
Brief description of the damage		
Repairers name, address and Tel. No.:		(Mark the damaged areas with crosses)
		
Is the vehicle at the repairers?	Insert YES or NO <input type="checkbox"/>	If not, when will it be taken in?
If you are VAT registered may we authorise repairs on your behalf?		Insert YES or NO <input type="checkbox"/>
Please note that if the vehicle is beyond economical repair we will arrange its protection by moving it to a place of secure storage, unless you indicate otherwise – tick box. <input type="checkbox"/>		

Accident

Date	Time	am/pm	Place	
Weather	Visibility	Distance from nearside		
What lights were lit on the vehicle?				
Speed	a) before the accident	mph	b) at the moment of impact	mph
If the police attended please give	a) Name of force	b) Officers number		
Rough plan of Accident. Please show	a) name and approximate widths of roads	b) directions of vehicles		

Driver's Statement (Please state fully what happened and continue on a separate sheet if necessary)

Witnesses (Continue on a separate sheet if necessary)

Name and Address	Passenger or Independent Witness

Other Persons Involved/Property Damaged (Continue on a separate sheet if necessary)

Name and Address	Damage (Please give Reg. No. of vehicle if applicable)	Insurer and Policy Number

Persons Injured (Continue on a separate sheet if necessary)

Name and Address	Seat belt worn YES/NO	Injury	Taken to hospital YES/NO

Fraud Prevention

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:
 - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
 - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
 - Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to

Claims History Under the conditions of your policy you must tell us about any insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.

We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

Motor Insurance Database Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). This may be consulted by the Police in order to establish who is insured to drive the vehicle. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information.

Persons with a valid 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 your Insurer, or at www.mic.org.uk

You should show these notices to anyone insured to drive the vehicle covered under the policy.

Insurance Administration In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions.) Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators)

It is important that adequate values for the property insured are advised to us. Any claims settlement may be reduced in the event of underinsurance.

Declaration

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

Signature(s)

Date