

## MOTOR ACCIDENT REPORT FORM

*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*

<b>Policyholder</b>				<b>Policy Number</b>			
Address				<b>Insurer</b>			
				Post Code			
Email Address				<b>Depot Code</b>			
Phone Number				Fax No.			
Occupation / Business							
Are you registered with HM Customs & Excise as taxable for vat?						If partially exempt what % can you reclaim?	
						%	
<b>Driver details to be completed in full for all accidents/incidents</b>							
Name		Occupation		<b>Date of Birth</b>			
Address				Phone Number			
<b>State class of licence held &amp; DATE OF PASSING TEST for driver involved in the incident. Please also attach a copy of the DRIVERS LICENCE and DVLA PRINT if possible when returning this form.</b>							
Licence number		Groups		Expiry Date			
Give details of all motoring convictions or prosecutions pending (i.e. charge: date: penalty)							
Give details of all accidents or losses in the last five years							
Give details of any physical defect, infirmity, defective vision or hearing							
<b>Vehicle</b>							
Make / Model		Year of make		<b>Reg. no.</b>			
Type of body and no. of seats		(GVW)		<b>Market Value</b>			
For what purpose was the vehicle being used?							
If the vehicle is under a finance, rental or leasing agreement please give details below							
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?							
<b>Damage to the Insured vehicle</b>							
Full details of damage							
				<b>Do you want to claim for repairs?</b>		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)							
<i>Please note that if the damage to your vehicle is covered under the policy and the vehicle is considered beyond economical repair it may be moved to free and safe storage to avoid unnecessary storage charges.</i>							
<b>Description of accident</b>							
Date of incident				<b>Time of incident</b>		AM / PM	
Place of incident							
Speed of vehicles		<b>Yours</b>		<b>Mph</b>		<b>Others</b>	
						<b>Mph</b>	
Width of road		Conditions		Weather / visibility		Street lights on?	
						Yes / No	
What lights was your vehicle displaying?				What lights was the other vehicle displaying?			
Did the police take details of the incident?		Yes / No		If "Yes" please give details below			
Officers name		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)			
<b>Written Description:</b>			
<b>Sketch:</b>			
Who do you blame for the incident and why?			
<b>Witnesses</b>			
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			
<b>Other parties involved.</b> 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	Hospital attended?	Detained? Yes / No
Property Damage: Name & address of owner & extent of damage			
<b>Notice &amp; Declaration</b> (please read carefully)			
<p><b>Notice:</b> Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register (MIAFTR), run by the Association of British Insurers (ABI). We also exchange information with other Insurers and other organisations through various other databases. The aim is to help us to 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. We will pass information relating to this incident to the MIAFTR register and other databases.</p> <p>In addition 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.</p> <p><b>Declaration:</b> 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 the Underwriters.</p>			
Policyholder's or Company Official's Signature		Date	

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