

# ACCIDENT REPORT FORM

TO BE COMPLETED WITHIN 5 WORKING DAYS OF THE INCIDENT OCCURING

## 1: CLIENT

Name:.....Policy No:.....  
Address: .....  
Occupation: .....Telephone No: .....  
(a) Are you registered with Customs & Excise as a Taxable Person for VAT?.....  
(b) If the answer to (a) is Yes, do you obtain full remission of input tax from Customs? .....  
(c) If the answer to (b) is No, (i.e. you are 'partially exempted') what percentage are you provisionally assessed as being able to recover'? ..... %

## 2: DRIVER/or person in charge of vehicle *(The details below must be given even if the driver is the Insured)*

Name:.....Occupation: .....Date of Birth:.....  
Address: .....Telephone No: .....  
State Class of Licence held/Groups covered by Licence: .....  
Give date of passing Test for such Licence:.....Is Licence in force?: .....  
If Driver in your employ state how long employed: .....  
Is Driver employed solely and permanently by you? .....  
Dates of accidents/claims during past 3 years: .....  
Give details of all motoring convictions and/or prosecutions pending (i.e. charge: date: penalty): .....  
Has the driver ever been declined or refused Motor Insurance? .....  
Has the driver any physical defect, infirmity, defective vision or hearing? .....

## 3: VEHICLE

Make:..... No. of seats:..... Year of Make ..... Reg No .....  
Type of Body: .....Weight of vehicle: .....  
Is the Vehicle registered in your name?.....Are you the owner? .....  
For what purpose was the Vehicle being used? .....  
Was it used with your consent?.....  
How many passengers were carried? .....Were they being carried for Hire or Reward? .....  
Were goods being carried, if so, for what purpose? .....  
State (a) Nature of goods carried:..... (b) Whose were they? ..... (c) Weight of load .....  
If the vehicle is the subject of a Hire Purchase Agreement, state Name and Address of Company and Account Number:  
.....

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## 4: DAMAGE TO CLIENT'S VEHICLE

Is there any damage to you vehicle? YES / NO

Are you wanting to claim? YES / NO

(PLEASE IDENTIFY THE AREAS OF DAMAGE ON THE APPROPRIATE VEHICLE BELOW)



Vin Number.....

Millage.....

Is the vehicle still in use? YES/NO

Is the vehicle in storage incurring charges YES/NO

Where can the vehicle be inspected? .....Post Code.....

Best person to Contact .....Contact Number.....

Do you want insurers to appoint an approved repairer? of not Please forward a repair estimate and photos showing the following

- The Damage to the Vehicle
- Identification shot showing the vehicle and registration as a whole

## 5: POLICE

Did Police take particulars? Yes / No

Crime Reference Number.....Police Station Reported to.....

Police office details: Name.....Officer No.....Phone Number.....

## 6: THIRD PARTY - *If more than one vehicle please continue on separate sheet*

Name and Address of driver of other Vehicle: .....

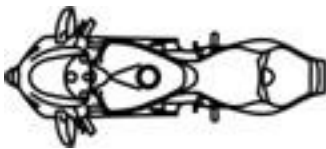
.....Telephone No: .....

Registration Number of other vehicle: ..... Make/Model: .....

Name of Insurance Co: .....Policy No: .....

Address of Insurance Co: .....

Damage to other vehicle: .....



No of people in third party vehicle including Driver :.....

Gender .....

Approx Age.....

Damage to property: .....

Name and address of property owner:.....

.....  
*All third party correspondence must be forwarded immediately*

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## INSURANCE BROKERS

### 7: INJURED PERSONS

**Injured Passengers IN YOUR VEHICLE:**

1 Name: .....  
 Address:.....  
 Telephone: .....  
 Nature of Injuries: .....  
 Taken to Hospital? ..... Seatbelt worn? .....

2 Name: .....  
 Address:.....  
 Telephone: .....  
 Nature of Injuries: .....  
 Taken to Hospital? ..... Seatbelt worn? .....

3 Name: .....  
 Address:.....  
 Telephone: .....  
 Nature of Injuries: .....  
 Taken to Hospital? ..... Seatbelt worn? .....

*Please continue on separate sheet if need be*

**Injuries - IN OTHER VEHICLE or to PEDESTRIANS:**

1 Name: .....  
 Address: .....  
 Telephone: .....  
 Nature of Injuries:.....  
 Taken to Hospital? ..... Seatbelt worn?.....

2 Name: .....  
 Address: .....  
 Telephone: .....  
 Nature of Injuries:.....  
 Taken to Hospital? ..... Seatbelt worn?.....

3 Name: .....  
 Address: .....  
 Telephone: .....  
 Nature of Injuries:.....  
 Taken to Hospital? ..... Seatbelt worn?.....

### 8: WITNESSES

**Details of INDEPENDENT witnesses:**

1 Name:.....  
 Address:.....  
 Telephone: .....

2 Name:.....  
 Address:.....  
 Telephone: .....

**9: SKETCH OF ACCIDENT**

Please indicate width of road, distance of your vehicle from kerb, directions of travel, nature and positions of Road Signs and relative importance of roads and positions (with measurements) of all vehicles and/or persons involved.

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### 10: DESCRIPTION OF ACCIDENT

Date: ..... Time: ..... am/pm

Exact Location: .....

Street:..... Town: ..... Nearest Landmark:.....

What was: (a) the speed of your vehicle?..... (b) the speed of the other vehicles?.....

(c) the state of the weather?..... (d) the state of the road surface? .....

Was any warning given by either driver? If so, what? .....

I What kind of lights were being shown by; (i) your vehicle .....(ii) other vehicles .....

Who in your opinion was to blame for the accident? ..... Any Camera Footage YES / NO

Did anyone admit liability?YES/ NO.....

Please confirm the number of impacts felt? .....

Explain fully how the accident occurred:

If necessary, are you willing to attend Court to give evidence? YES / NO

### 11: DECLARATION

Statement of Truth: I believe that the facts stated in this Defendant's Version of Events are true. I understand that proceedings for contempt of court may be brought against me if I make, or cause to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Drivers Signature: .....

Client's Signature: .....

Drivers Name: .....

Client's Name: .....

Date.....

Date.....