

Accident Report Form

Please answer ALL questions fully providing additional information where requested, using a separate sheet if necessary.
Please tick appropriate boxes.



SECTION 1: Policyholder's details (Please complete in BLACK INK)

Policy number: _____		Claim number: _____	
Name and address: _____		Home telephone number: _____	
Postcode: _____		Work telephone number: _____	
Date of birth: _____		Mobile telephone number: _____	
email address: _____		Fax number: _____	
		Are you VAT registered? yes <input type="checkbox"/> no <input type="checkbox"/>	

In what country was your driving licence issued? _____ Is your licence? full provisional

Do you have: a full time occupation? (If yes please give details) _____
a part time occupation? (If yes please give details) _____
any **paid** hobbies? (If yes please give details) _____

Have you had any motoring conviction, fixed penalty, points on your licence or been disqualified from driving in the past five years? yes no
If yes, please give details _____

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? yes no
If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary. _____

SECTION 2: Details of driver or last person in charge of car (if policyholder go to section 3)

Name and address: _____		Home telephone number: _____	
Postcode: _____		Work telephone number: _____	
Date of birth: _____		Mobile telephone number: _____	
email address: _____		Fax number: _____	
		Are you VAT registered? yes <input type="checkbox"/> no <input type="checkbox"/>	

Were you driving with the owner's consent? yes no

In what country was your driving licence issued? _____ Is your licence? full provisional

Do you have: a full time occupation? (If yes please give details) _____
a part time occupation? (If yes please give details) _____
any **paid** hobbies? (If yes please give details) _____

Have you had any motoring conviction, fixed penalty, points on your licence or been disqualified from driving in the past five years? yes no
If yes, please give details _____

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? yes no
If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary. _____

SECTION 3: Car being driven by person in section 1 or 2

Make	Model	Engine size	Year of manufacture	Registration number	Purchase price	Current value	Current mileage

Is the car imported? yes no

Does the car have a personal registration? yes no

Has the car been modified from the manufacturer's standard specification? (Please include optional extras) yes no
If yes, please give details _____

Is the policyholder the registered owner? yes no
If no, please state name of owner, and the relationship to the policyholder _____

What was the car being used for at the time of the incident? Please give full details _____

Who did you buy the car from? _____ Date purchased _____

Is there any hire purchase or finance outstanding on the car? yes no
If yes, please give name, address and telephone number of company _____

