

# Accident Report Form

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



ADMIRAL

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

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

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

In which 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, including number of hours worked) \_\_\_\_\_  
                   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? If no, please state name of owner, and the relationship to the policyholder    . . . . . yes     no

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? If yes, please give name, address and telephone number of company    . . . . . yes     no

