

MOTOR INCIDENT REPORT FORM



Policyholder Details

Name: Policy No:
Address: Contact No.
..... VAT Registered: Yes No
..... Postcode:

Accident Details:

Date: Time: Speed: Location:
Reported to Police: Yes No PC Name & Number:
..... Police Ref: Station:

Driver Details:

Name: DOB: Occupation:
Date driving test passed: Details of any Convictions:
Details of any Medical conditions: Details of any Injuries sustained:
Brief statement and sketch of circumstances (please use separate page if necessary)

Vehicle Details:

Registration No: Make: Model: Year of Registration:
Name of legal owner:
Details of Legal Owner (incl. address / contact number and agreement number)
What was the vehicle being used for at time of incident, Business Pleasure Number of Passengers:
Names of Passengers
(include details of injuries if necessary):
Area of damage:
Is the vehicle still in use: Yes No Location of Vehicle:
Would you like us to appoint an approved repairer? Yes No
If no, please state your preferred garage and include an estimate for repairs:

Third Party Details:

Registration No: Make: Model:
Name: Insurer & Policy Number:
Address: Contact No.
..... No. of passengers:
..... Postcode: Any injuries?

Witness Details:

Name: Contact No:
Address:
..... Postcode:

Declaration: I / we declare that to the best of my/our knowledge, this statement is true

Drivers signature: Date: