



1 POLICYHOLDER

Name _____
 Occupation _____ Policy No. _____
 Tel. No. Home _____ Bus. _____
 Address _____

 _____ Post Code _____

2 V.A.T.

Is the vehicle owner registered for VAT purposes? YES/NO
 If YES state if the VAT included in the cost of repairing or replacing the vehicle can be recovered
 a) Completely b) Partially _____ % c) Not at all (delete as necessary)

3 DRIVER OR PERSON IN CHARGE OF VEHICLE

It is still necessary for this section to be fully completed even if the policyholder was the driver or the vehicle was unattended or parked.
 Name _____
 Address _____
 Occupation _____
 Date of Birth _____
 Licence No. _____
 Driving Licence held Full/Provisional/Heavy Goods/International/Other (delete as appropriate)
 Date test passed _____
 Length of recent and regular driving experience in the U.K. etc. _____
 Has he/she been convicted of any motoring offences? YES/NO
 If so give details _____
 Has he/she any physical infirmity, or defective vision or hearing, or lost a limb or an eye YES/NO. If so give details _____
 If your permanent Driver, how long has he/she been in your employ?
 Has he/she, in his/her name, a Motor Insurance Policy? YES/NO
 If so please state name of Insurers and the Policy Number _____

4 NAMES AND ADDRESSES OF WITNESSES

Independent _____

 Passengers (State if injuries sustained by any such person, and, if so the nature thereof) _____

5 INJURED PERSONS

Give name(s) and address(es) of any injured persons (other than occupants of your car) _____

 Nature of injuries _____

6 PARTICULARS OF VEHICLE

Reg. No. _____ Present Value _____
 Year of Make _____ CC's _____ Colour _____
 Make & Model _____
 VIN/Chassis Number _____
 If the vehicle is not your property entirely state the name and address of the owners including any finance company interested. _____

 State exact details of the journey at the time of accident
 Travelling from _____ to _____
 What was the purpose of the journey? (The word PRIVATE is not sufficient)

 Was the vehicle being used in accordance with your instructions? YES/NO
 How many passengers were being conveyed? _____
 State nature and weight of any goods carried, and gross vehicle weight (For Commercial Vehicles only) _____

7 PARTICULARS OF ACCIDENT

Date and time of the accident? _____
 Where did the accident occur? _____

 Class of road _____ Approximate width of road _____
 Condition of road _____
 Your position on road _____
 If driving on n/s how far out were n/s wheels from kerb? _____
 At what speed was your vehicle travelling immediately prior to the accident? _____ Was your horn sounded? _____
 If dark, what lamps were showing on your vehicle? _____
 Who in your opinion, was to blame? _____
 Give name if other than yourself or driver _____
 Are you a member of the AA or RAC? _____

8 POLICE EVIDENCE

Did the Police take evidence or particulars? YES/NO
 If so, give his/her Number and Station _____
 Was he/she a witness? YES/NO
 Did he/she indicate that anyone may be prosecuted? YES/NO
 If so, whom? _____

9 PARTICULARS OF THIRD PARTY VEHICLE INVOLVED OR OTHER PROPERTY DAMAGED

Name & address of the owner _____

 Name & address of the driver _____

 Make, Model, Reg. No. & Colour _____
 Nature of damage _____
 Has notice of any claim been given to you? YES/NO
 If in writing, forward immediately unanswered. If verbally, give particulars _____
 Details of the third party Insurers if known _____

