EQUITY RED STAR

Nature of injuries



PARTICULARS OF MOTOR ACCIDENT

MOTOR ACCIDE	
I POLICYHOLDER	6 PARTICULARS OF VEHICLE
6	
Name	Reg. No. Present Value Year of Make CC's Colour
Occupation Policy No.	
Tel. No. Hame Bus	Make & Model
Address	VIN/Chassis Number
	If the vehicle is not your property entirely state the name and address of the
Post Code	owners including any finance company interested.
2 V.A.T.	
Is the vehicle owner registered for VAT-purposes? YES/NO	State exact details of the journey at the time of accident Travelling from to
If YES state if the VAT included in the cost of repairing or replacing the	What was the purpose of the journey? (The word PRIVATE is not sufficient)
vehicle can be recovered	
a) Completely b) Partially % c) Not at all (delete as necessary)	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
3 DRIVER OR PERSON IN CHARGE OF VEHICLE	(For Commercial Vehicles only)
It is still necessary for this section to be fully completed even if the	7 PARTICULARS OF ACCIDENT
policyholder was the driver or the vehicle was unattended or parked.	M. HARMOS LAKOS MACOIS LIN
Name	Date and time of the accident?
Address	Where did the accident occur?
	Wriere old the accident occurr
Occupation	
Date of Birth	Class of road Approximate width of road
Licence No.	Condition of road
Driving Licence held Full/Provisional/Heavy Goods/International/Other	Your position on road
(delete as appropriate)	If driving on n/s how far out were n/s wheels from kerb?
Date test passed	At what speed was your vehicle travelling immediately prior to the
Length of recent and regular driving experience in the U.K. etc.	accident? Was your horn sounded?
	If dark, what lamps were showing on your vehicle?
Has he/she been convicted of any motoring offences? YES/NO	Who in your opinion, was to blame?
If so give details	Give name if other than yourself or driver
Has he/she any physical infirmity, or defective vision or hearing, or lost	Characteristic and Company Service and Service and Company Company
a limb or an eye YES/NO. If so give details	Are you a member of the AA or RAC?
If your permanent Driver, how long has he/she been in your employ?	8 POLICE EVIDENCE
Has he/she, in his/her name, a Motor Insurance Policy? YES/NO	Did the Police take evidence or particulars? YES/N
If so please state name of Insurers and the Policy Number	If so, give his/her Number and Station
in 30 preade state name of modera and the folialy married	i 30, gae namer names and debion
ESPE PRODUCTION ACCIDENTACION ACCIDENTACION DE CONTRACTOR	Was he/she a witness? YES/NO
4 NAMES AND ADDRESSES OF WITNESSES	Did he/she indicate that anyone may be prosecuted? YES/N
	If so, whom?
Independent	
	9 PARTICULARS OF THIRD PARTY VEHICLE INVOLVED OR OTHER PROPERTY DAMAGED
7	ON OTHER TROTERT DAMAGED
Passengers (State if injuries sustained by any such person, and, if so the	Res of the sales
nature thereof)	Name & address of the owner
	Name & address of the driver
5 INJURED PERSONS	
Give name(s) and address(es) of any injured persons (other than occupants	Make, Model, Reg. No. & Colour_
of your car)	Nature of damage
	Has notice of any claim been given to you? YES/N
1	If in writing, forward immediately unanswered. If verbally, give particulars
	in in writing, lockward miniediately unanawared. In verdally, give particulars

Details of the third party Insurers if known

10 SKETCH	12 GIVE FULL PARTICULARS OF THE DAMAGE TO YOUR VEHICLE
Position immediately before the accident N	The country of the co
Where appropriate, show road widths, traffic lights, warning signs, names of adjacent roads etc. Indicate direction of vehicles with an arrow	— Е
Š	If your Policy covers the cost of repairs to your vehicle in the interest of both Policyholder and the Underwriters it is essential to keep the repair costs to a
	minimum and with this mind, if the car is still mobile, please obtain two estimates.
	Is the car still mobile? YES/NO If not please state address where motor vehicle can be examined
Position when vehicle came to rest	Show area of impact by arrow If the battery, exhaust system or tyres are to be replaced please advise age of damaged items, and approximate expired mileage of tyres
	Is vehicle still in use YES/N
	At repairers If still in use when do you intend to have the work carried out? Date
	If beyond economic repair, pending settlement, can we move vehicle to place of free storage YES/N
	Do you hereby authorise us, where necessary to instruct repairs on your behalf. YES/N Do you hold more than one Policy indemnifying you in
11 EXPLAIN FULLY HOW ACCIDENT OCCURRED	respect of this accident If so give details YES/No
	13 PLEASE GIVE ANY FURTHER INFORMATION WHICH
	13 PLEASE GIVE ANY FURTHER INFORMATION WHICH MAY BE OF USE IN DECIDING LIABILITY
	All communications relating to the accident must be immediately forwarded unanswered
	Insurers pass information to the Claims and Underwriting Exchange Register, run to Insurance Database Services Ltd. (IDSL Ltd.), the Hunter database run by MCL Ltd. and the Motor Insurance Anti—Fraud Register, run by the Association of British Insurers (ABI). The aim is to help us check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident theft) which may or may not give rise to a claim. When you tell us about an incident, we we pass information relating to it to the registers. (We understand that you may ask for information from other insurers to check the answer.)
	We have provided. We declare that the information given in this form is true and correct to the best of my/o knowledge and belief. Policyholders Signature
	Oate (If the Policy is in the name of a firm, this form must be signed by a partner, officer, or director and rubber stamped).