

OTHER VEHICLES INVOLVED (PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY)

Name and address of driver and / or owner

1. Name Registration No.

Address

Postcode

Insurers Name and Policy No.

Apparent Damage

2. Name Registration No.

Address

Postcode

Insurers Name and Policy No.

Apparent Damage

OTHER PROPERTY DAMAGED (APART FROM VEHICLES)

Please continue on separate sheet if necessary

Name and Address of owner (if known)

Nature of Damage

PERSON INJURED (PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY)

| Name and Address <small>(state whether driver or passenger and in which vehicle, or pedestrian)</small> | Apparent injuries | Taken to hospital |
|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Injured persons was he / she wearing a seat belt ? Yes No

Any communications you receive about the accident should not be answered but sent to the Company immediately.

DECLARATION

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete

I/We understand that you may ask for information from other insurers to check the answers I/We have provided

Signature Date

Motor Accident Report

Please return to:

Claim No: (Office Use Only)

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to 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 or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the register.

INSURED

Policy No:

Full Name Occupation

Private Address

Postcode Telephone. No -

Business Address

Postcode Telephone. No -

A. Is the Insured registered as a taxable person for VAT ? Yes No

B. If the Insured is registered for VAT, is full remission of input tax obtained ? Yes No

C. If 'yes' and only partial remission is obtained, please state last annual adjusted percentage of tax %

DRIVER

Please Note: All questions should be answered, whether or not the Insured was driving. You are not required to include convictions regarded as 'spent' by virtue of the Rehabilitation of Offenders Act 1974.

Name Address

Postcode Telephone. No -

Occupation Date of Birth / /

Is the driver main user of vehicle ? Yes No

Is the driver employed by you ? Yes No

Was the vehicle being driven with your permission ? Yes No

Has the driver any conviction for any offence in connection with any motor vehicle ? if Yes, please give details including dates Yes No

Has the driver been refused motor vehicle insurance or continuance thereof ? Yes No

Does the driver own a motor vehicle ? If 'Yes' please give name and address of insurer together with policy number. Yes No

Name and Address of Insurance Company

Policy Number

Was the driver licensed to drive the vehicle ? Yes No Was the licence ? Full Provisional

If full, please state date when first full licence issued ?

VEHICLE

Make and Model Registration No.

Year of Make C.C. Date of First Registration / /

Name and Address of Owner

If vehicle is subject to hire purchase agreement state name of finance company, address and agreement number.

State fully the purpose for which the vehicle was being used.

ADDITIONAL QUESTIONS FOR TRADE VEHICLES ONLY

Were trailers attached to the vehicle ? Yes No

Were goods being carried ? If 'Yes' please state Yes No

A. Description B. Owner

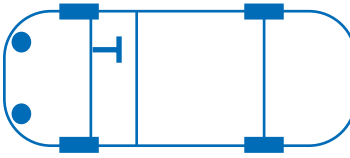
Weight of load on A. Vehicle B. Trailers

DAMAGE TO INSURED VEHICLE

What damage was caused to the insured vehicle ?

Repairer's name, address and tel. no.

Please indicate on the diagram the damage caused to your vehicle.

FRONT  REAR

In all cases where your vehicle is damaged and you are entitled to claim under the Policy, please send an estimate for repairs to the Company immediately.

Is the vehicle at repairers premises ? If 'No' when will it be taken in for repairs ? Yes No

If you are registered for VAT, do we have your authority to instruct repairers as your agent ? Yes No

ACCIDENT

Date / / Time am / pm Place

Weather Visibility Yards

What lights were lit on the vehicle ?

Speed A. Before the accident m.p.h. B. At the moment of the accident m.p.h.

Distance from nearside kerb feet

State fully what happened. (please continue on separate sheet if necessary)

Rough plan of accident. Please show : A. Name and approximate widths of roads. B. Tracks of vehicles and road markings.

State names and addresses of all : (Please write on separate sheet if more than the number stated)

| A. Passengers - Name | Address |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| B. Independent Witnesses - Name | Address |
|---------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Were particulars taken by the Police ? If 'yes', please give : Yes No

A. Name of Force B. Officer's Number