

# Incident Report Form

**\* Please use page 3 if additional space is required when completing this form.**

WNS Ref: \_\_\_\_\_ Policy Number/ Insurers Ref (as applicable): \_\_\_\_\_

Policyholder/Client Name \_\_\_\_\_ Dept/Cost Code \_\_\_\_\_

Full Address (including Branch / Floor If Relevant)

\_\_\_\_\_ Post Code \_\_\_\_\_

Is the company registered for VAT? YES/NO If registered, what % is recoverable? \_\_\_\_\_

## To be completed by the driver or person last in charge of the vehicle

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Daytime contact number \_\_\_\_\_

Have any you motoring convictions or pending prosecutions? YES/NO

Have you ever been refused motor insurance? YES/NO

Do you suffer from any medical disabilities? YES/NO

**If you answer 'YES' to any of these questions please provide full details on page 3**

Type of driving licence held? Full/Provisional/HGV (delete as appropriate) Year license was issued \_\_\_\_\_

If 'HGV', state class of licence held \_\_\_\_\_

Did the driver suffer injury in this incident? YES / NO Nature of injury \_\_\_\_\_

## Vehicle Details

Registration Number \_\_\_\_\_ Make & Model \_\_\_\_\_ Mileage \_\_\_\_\_

Year of Registration \_\_\_\_\_ Present Value \_\_\_\_\_ Owner \_\_\_\_\_ Registered Keeper \_\_\_\_\_

Has the vehicle been modified from manufacturer's standard? YES/NO

If YES please give details \_\_\_\_\_

Is the vehicle hired or leased to you or subject to a hire purchase agreement? YES/NO If YES please provide:

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Reference \_\_\_\_\_

Please state the precise purpose for which the vehicle was being used \_\_\_\_\_

## If a trailer was attached please answer the following questions

Make \_\_\_\_\_ Model \_\_\_\_\_ Year of manufacture \_\_\_\_\_ Trailer Number \_\_\_\_\_

## Details of Incident

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ AM/PM Incident location \_\_\_\_\_

Weather Conditions \_\_\_\_\_ Road Conditions \_\_\_\_\_ Speed limit \_\_\_\_\_ MPH

Type of road (single/dual carriageway etc) \_\_\_\_\_ Your speed \_\_\_\_\_ MPH Other vehicle's speed \_\_\_\_\_ MPH

Did the police attend? YES/NO If 'Yes', state Incident/Crime Ref \_\_\_\_\_

Name and Number of reporting Officer \_\_\_\_\_

Name of Constabulary \_\_\_\_\_

Area of damage to your vehicle \_\_\_\_\_ Severity of damage? Heavy/Medium/Light (delete as appropriate)

Where can your vehicle be inspected? \_\_\_\_\_

## Theft or attempted theft cases only

Precautions taken to prevent theft? \_\_\_\_\_ Has the thief been apprehended? YES/NO

**Incident Description**

How did the incident occur? (detailed information to be given)

Who do you consider to blame?

**Sketch**

**This should include the positions of those involved leading up to and after the incident and include position of road signs, road markings, obstacles reducing vision etc.**

**Other Parties Involved** (if more than one vehicle involved please provide the following information on the back of page 3)

Other Driver's Name, Address and Contact Number \_\_\_\_\_

Insurer's Name and Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Policy/Ref No \_\_\_\_\_

Make of other party's vehicle \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ Registration \_\_\_\_\_

Area of vehicle damage \_\_\_\_\_ Severity of damage? Heavy/Medium/Light (delete as appropriate)

Number of passengers in your vehicle \_\_\_\_\_ Number of passengers in other vehicles \_\_\_\_\_

Did anybody involved suffer injury? YES/NO **\*If 'YES' please provide full details on page 3**

Did an ambulance attend the scene? YES/NO Was any party transferred to hospital by ambulance? YES/NO

**Witnesses**

Please provide witness details and state whether they were known to any of the parties involved

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Known to whom? \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Known to whom? \_\_\_\_\_

**Supplementary Information**

**Details of person last in charge of the vehicle**

- For motoring convictions please include offence code, conviction date, fine and points
- If you have any pending prosecutions please include date of alleged offence, nature of charges and hearing date if known
- If you have ever been refused insurance or had a claim declined please provide a full explanation
- Please advise the nature of any medical conditions or disabilities together with date of diagnosis and any medication prescribed

Have you or the person last in charge of the vehicle been advised not to drive by any Doctor or other medical professional?  
YES/NO

**Other parties involved / Further comments**

**Please provide details of all other parties involved. You must indicate how they were involved and whether you were aware of injuries arising and the nature of those injuries**

**Please continue overleaf if necessary**

**Statement of Truth (this must be signed and dated by the Policyholder or Client)**

**Please be aware that when you sign the Statement of Truth, you are agreeing that the contents of this Incident Report Form are true. Should this form and your Statement of Truth be served in Court proceedings the contents of the form will be evidence on oath and the rules of perjury will apply.**

**If you believe that the driver or person last in charge of the vehicle is responsible for the incident, then you should say so clearly. Take note that if you agree that he/she is responsible for the incident, such an admission will be binding and cannot be retracted at a later date.**

- 1. I authorise any solicitor nominated to sign any Court document on my behalf**
- 2. I believe that the facts stated in this document are true**
- 3. I have read and understand the declarations above**

**Signature of Policyholder/Client \_\_\_\_\_ Date \_\_\_\_\_**

WNS Assistance, St Vincent House, Cutler Street, Ipswich, IP1 1LL  
Telephone: 01473 400 400 Fax: 08700 402 740