

Incident Report Form

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

Claim Ref: _____	Policy Number: _____
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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	}	If you answer 'YES' to any of these questions please provide full details on page 3
Have you ever been refused motor insurance? YES/NO		
Do you suffer from any medical disabilities? YES/NO		
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 _____