

## Motor Accident Report Form

### Policy Holder Details

Name  
Address  
  
Postcode

### Driver Details

Title	First Name	Surname
Address		
Postcode	Job title	
Telephone No.	Mobile No.	
Date of birth		Full UK driving Licence YES/NO
Date passed test		If not UK where issued
Has driver ever been refused insurance? YES/NO <i>If Yes, please give full details:</i>		Is driver a company employee? YES/NO <i>If non-employee, state reason for driving</i>
List all driving convictions with dates		
Has driver received notice of an intended prosecution for this accident? <i>If Yes, give full details:</i>		YES/NO

### Vehicle Details

Registration No.	Make	Model
Is Vehicle                      Company Owned / Leased / Hired / Privately Owned <i>If leased or hired, please give name of lease/hire company</i>		
Is the Policyholder registered for VAT purposes in respect of this vehicle		YES/NO

## Accident Details

Vehicle being used for	Business / Pleasure / To & From Work	
Date	Time	Time of Day Dawn / Day / Dusk / Night
Location (Road and Town)		
Weather Conditions	Clear / Cloudy / Foggy / Raining / Snow / Ice / Sunny / Wet	
Condition of Road	Good / Average / Poor	
Speed of company vehicle	Speed of third party vehicle	
State warnings given by you	State warnings given by Third Party	

## Driver's Statement

*Please explain fully and clearly what happened, continue on a separate sheet if required*

## Accident Diagrams

*Please sketch scene of accident, showing road signs & signals and indicate the direction of travel by arrows. continue on a separate sheet if required*

Before impact	After impact
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Do you consider the other party was to blame?

YES/NO

*If YES please explain how*

### Third Party Details

Registration No.

Make

Model

Insurance Company

Policy No

Driver's name

Owner's name (if different)

Address

Address

Postcode

Postcode

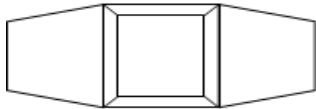
Telephone

Telephone

### Details of Damage

Own vehicle damage area

FRONT

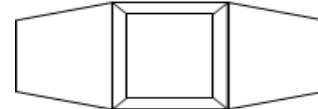


BACK

Details

Third party vehicle damage area

FRONT



BACK

Details

Was vehicle driven from accident?

YES/NO

*If No, where was it taken?*

Was vehicle driven from accident?

YES/NO

*If No, where was it taken?*

Passengers in insured vehicle

Passengers in Third Party vehicle

## Details of Injuries

Name of injured party	
Vehicle	
Nature of injuries	

## Police Attendance

Did the Police attend?	YES/NO
<i>If Yes:</i>	
Name of attending officer	
Number of attending officer	
Station of attending officer	
<i>If NO:</i>	
Were police notified later?	YES/NO
Police /Incident Reference No.	

## Witness Details

Name	Address	Passenger in own vehicle?
1.		YES/NO
2.		YES/NO
3.		YES/NO

**PLEASE SEND/EMAIL ANY PHOTOGRAPHS TO J BENNETT & SON**

**STATEMENT OF TRUTH:** Proceeding for contempt of court may be brought against anyone who makes or causes to be made a false statement in a witness statement verified by a statement of truth. I believe that the facts stated in this witness statement are true. I have read and understood the declarations above.

**Driver's Signature:**

**Date:**

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