

Motor Accident Report Form

Policy Holder Details

Name
Address

Postcode

Driver Details

Title	First Name	Surname
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Address

Postcode

Job title

Telephone No.

Mobile No.

Date of birth

DD

MM

YYYY

Was driver licenced to drive?

YES/NO

Full licence held since

Driver authorised by company?

YES/NO

Has driver ever been refused motor insurance?

YES/NO

Is driver a company employee?

YES/NO

If Yes, please give full details:

If non-employee, state reason for driving

List all driving convictions with dates

Has driver received notice of an intended prosecution for this accident?

YES/NO

If Yes, give full details:

Vehicle Details

Registration No.

Make

Model

Is Vehicle Company Owned / Leased / Hired / Privately Owned

If leased or hired, please give name of lease/hire company

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

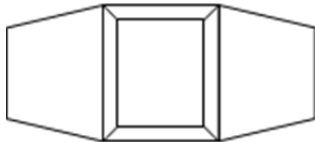
Telephone

Details of Damage

Own vehicle

Third party vehicle

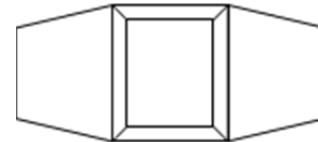
FRONT



BACK

Details

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?

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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