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## MOTOR FLEET ACCIDENT REPORT FORM

PLEASE COMPLETE IN BLACK INK

This form should be completed for all motor accidents. Do not reply to Third Party correspondence.

Pass any such correspondence to us as soon as possible.

**INSURANCE FRAUD IS A CRIME!**

**We support the fight  
against fraudulent claims**

Date and Time of Incident	<input type="text"/> / <input type="text"/> am/pm	Policy No.
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<b>Section A Client Details</b> (Complete in all cases)			
Name	<input type="text"/>	Tel No:	<input type="text"/>
Address	<input type="text"/>	Fax No:	<input type="text"/>
	<input type="text"/>	Is business registered for VAT?	
	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="text"/>	If so, how much is recoverable from	
Business/Occupation:	<input type="text"/>	HM Customs & Excise?	<input type="text"/> %

<b>Section B Driver at time of loss or accident</b> (Complete in all cases)			
Name	<input type="text"/>	Date of Birth	<input type="text"/>
Home Address	<input type="text"/>		
Job Title	<input type="text"/>	Telephone No.	<input type="text"/>
Does he/she suffer from any physical infirmity or disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details	<input type="text"/>
Does the driver have any motoring convictions, or any pending prosecution for a motoring offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details	<input type="text"/>
Was the vehicle being used with your permission?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, give details	<input type="text"/>
Is he/she in your employ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, in what capacity and for how long?	<input type="text"/>
Type of licence?	Full <input type="checkbox"/> Provisional <input type="checkbox"/>	Date passed test?	<input type="text"/>
	<input type="text"/>	Date of Expiry?	<input type="text"/>

**Section C Vehicle** (Complete in all cases)

Make & Model	<input type="text"/>	Type of Body	<input type="text"/>
Year of Manufacture	<input type="text"/>	Cubic Capacity	<input type="text"/>
Registration Number	<input type="text"/>	Colour	<input type="text"/>
<input type="text"/>		Mileage	<input type="text"/>
Date of Purchase	<input type="text"/>	Purchase Price	<input type="text"/>
		Estimated value at time of loss	<input type="text"/>
(a) Does your vehicle have any identifying features?	Yes / No <input type="text"/>	(b) Was a trailer Attached?	Yes / No <input type="text"/>
		(c) Were seat belts being worn?	Yes / No <input type="text"/>
If "yes" to (a) or (b), give details	<input type="text"/>		
Purpose for which your vehicle was being used	<input type="text"/>		
Who is the main user of your vehicle	<input type="text"/>		
Name and address of Hire Purchase Company	<input type="text"/>		
(If applicable)	<input type="text"/>		
Nature of goods carried (if any)	<input type="text"/>		

**D. Damage to your vehicle** (Complete in all cases, except unrecovered thefts)

Please give details of damage	<input type="text"/>
	<input type="text"/>
Where is vehicle now?	<input type="text"/>
	<input type="text"/>

**Section E Details of Incident** (For theft or attempted theft of vehicle complete section G)

Where did incident occur?	<input type="text"/>		
(Give name of road, town & county)			
Was your vehicle on correct side of road?	Yes / No <input type="text"/>	If yes, how far from kerb?	<input type="text"/>
		If no, where on road was it?	<input type="text"/>
Width of road	<input type="text"/> metres	Was it a major or minor road?	<input type="text"/>
Condition of road-wet or dry	<input type="text"/>	Visibility	<input type="text"/>
What, if any, road signs were there:	(a) on the road you were on	<input type="text"/>	
	(b) on the road TP was on	<input type="text"/>	
Speed of:	(a) your vehicle	<input type="text"/>	(b) TP vehicle
Did either party sound horn?	(a) you	<input type="text"/>	(b) TP
Any other signals given?	(a) your vehicle	<input type="text"/>	(b) TP vehicle
What lights, if any were lit on:	(a) your vehicle	<input type="text"/>	(b) TP vehicle
	Yes / No <input type="text"/>		
Were there any street lamps?	Yes / No <input type="text"/>		
Who, in your opinion, was to blame for this accident?	<input type="text"/>		

**Section F Police Involvement** (Complete in all cases)

Was incident reported to police?	Yes / No <input type="text"/>	Date police advised	<input type="text"/>
		Police reference	<input type="text"/>
		Police station	<input type="text"/>
		Officers name/No.	<input type="text"/>
Any warning of prosecution?	Yes / No <input type="text"/>		
If yes, please give details	<input type="text"/>		

**ALL THEFTS MUST BE REPORTED TO THE POLICE AS SOON AS POSSIBLE**

**Section G Details of Theft or Attempted Theft** (Do not complete if you have completed section E)

Was your vehicle stolen?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If no, what evidence is there of attempted theft? <input type="text"/>
Where did the theft occur? Please give road, town & county	<input type="text"/> <input type="text"/> <input type="text"/>	
How long had your vehicle been unattended?	<input type="text"/>	
Were all doors locked?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If no, please give details <input type="text"/>
Was your vehicle fitted with a security device?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If yes, give make and model <input type="text"/>
Was alarm/immobiliser set at the time of loss?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If no, give details. <input type="text"/>
Was the vehicle in a locked Garage?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If no, please give details <input type="text"/>
Do you suspect anyone of the theft?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If yes, please give details <input type="text"/>
Has the vehicle been recovered?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If no, go to section H
Date recovered	<input type="text"/>	Time <input type="text"/>
Where found	<input type="text"/>	

**Section H Third party details** (Complete if applicable)

Name & address of driver of vehicle	<input type="text"/> <input type="text"/>	
Name & address of owner, if different	<input type="text"/> <input type="text"/>	
Insurance company name, address and policy number	<input type="text"/> <input type="text"/> <input type="text"/>	
Registration no. and make/model of TP vehicle	<input type="text"/>	
Damage to TP vehicle or property	<input type="text"/> <input type="text"/>	
Was any one injured?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	If yes, give details <input type="text"/> <input type="text"/>
Were they taken to hospital?	Yes No <input type="checkbox"/> / <input type="checkbox"/>	
If passenger, state in which vehicle	<input type="text"/>	

**I. Witness Details** (Complete if applicable)  
Please give details of all witnesses, whether independent or passengers

(a) PASSENGERS  
Name & Address   
Name & Address

(b) INDEPENDENT  
Name & Address   
Name & Address

**J. Circumstances of Loss** (To be completed and signed by the driver of the vehicle)  
Describe the circumstances as fully as possible, use continuation paper if necessary

**K. Sketch of Circumstances** (Complete for accidents only)  
Please sketch the positions of the vehicles before and after collision, indicating in which direction they were travelling and showing any road signs or markings, traffic lights, lamp posts etc

Before Accident	After Accident

**Insurers and their Agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims Underwriting Exchange Register, operated by Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register, operated by the Association of British Insurers. A list of the participants is available on request. In dealing with your application we may search these registers. In the event of a claim, the information you supply on this form and the proposal form, together with other information relating to the claim, will be provided to the participants.**

**DECLARATION**  
I/We declare that the foregoing particulars are true and complete in every respect to the best of my/our knowledge and request that you deal with, and in the terms of the Policy indemnify me/us in respect of any claim arising out of the incident or occurrence to which this form refers.  
I/WE UNDERSTAND TO NOTIFY THE INSURER IN THE EVENT THAT ANY ITEM OF LOSS, THE SUBJECT OF THIS CLAIM, BE RECOVERED AND/OR RESTORED TO ME/US.  
I/We consent to the seeking of information from other insurers to check the answers I/We have provided, and I/We authorise the giving of such information for such purposes.

Date	Drivers' Signature	Directors' Signature