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MOTOR 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!
Norwich Union support the fight
against fraudulent claims

Date and Time of Accident / am/pm Policy No.

Section A Dealership Details (Complete in all cases)

Name Tel No:
 Address Fax No:

 Postcode Is business registered for VAT?
 Yes
 Business/Occupation: If so, how much is recoverable from
 HM Customs & Excise? 100 %

Section B Driver at time of loss or accident (Complete in all cases)

Name Date of Birth
 Home
 Address
 Job Title Telephone No.

Does he/she suffer from any physical infirmity or disease? Yes No / If yes, give details

Does the driver have any motoring convictions, or any pending prosecution for a motoring offence? Yes No / If yes, give details

Was the vehicle being used with your permission? Yes No / If no, give details

Is he/she in your employ? Yes No / If yes, in what capacity and for how long?

Type of licence? Full Provisional / Date passed test? Date of Expiry?

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"/>
Date of Purchase	<input type="text"/>	Purchase Price	<input type="text"/>
		Mileage	<input type="text"/>
		Estimated value	<input type="text"/>
		at time of loss	

(a) Does your vehicle have any identifying features? Yes No /

(b) Was a trailer Attached? Yes No /

(c) Were seat belts being worn? Yes No /

If "yes" to (a) or (b), give details

Purpose for which your vehicle was being used

Who is the main user of your vehicle

Name and address of Hire Purchase Company

(If applicable)

Nature of goods carried (if any)

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

Please give details of damage

Where is vehicle now?

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

Where did incident occur?

(Give name of road, town & county)

Was your vehicle on correct side of road? Yes No /

If yes, how far from kerb?

If no, where on road was it?

Width of road metres Was it a major or minor road?

Condition of road-wet or dry Visibility

What, if any, road signs (a) on the road you were on were there:

(b) on the road TP was on

Speed of : (a) your vehicle (b) TP vehicle

Did either party sound horn? (a) you (b) TP

Any other signals given? (a) your vehicle (b) TP vehicle

What lights, if any were lit on (a) your vehicle (b) TP vehicle

Were there any street lamps? Yes No /

Who, in your opinion, was to blame for this accident?

Section F Police Involvement (Complete in all cases)

Was incident reported to police? Yes No /

Date police advised

Police reference

Police station

Officers name/No.

Any warning of prosecution? Yes No /

If yes, please give details

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 / If no, what evidence is there of attempted theft?

Where did the theft occur?
Please give road, town & county

How long had your vehicle been unattended?

Were all doors locked? Yes No / If no, please give details

Was your vehicle fitted with a security device? Yes No / If yes, give make and model

Was alarm/immobiliser set at the time of loss? Yes No / If no, give details.

Was the vehicle in a locked garage? Yes No / If no, please give details

Do you suspect anyone of the theft? Yes No / If yes, please give details

Has the vehicle been recovered? Yes No / If no, go to section I

Date recovered Time Where found

Section H Third party details (Complete if applicable)

Name & address of driver of vehicle

Name & address of owner, if different

Insurance company name & address
Policy Number

Registration no. and make/model of TP vehicle

Damage to TP vehicle or property

Was any one injured? Yes No / If yes, give details

Were they taken to hospital? Yes No /

If passenger, state in which vehicle

