

**MOTOR ACCIDENT REPORT FORM**

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| Please complete this form and return to Walmsleys Commercial Insurance Brokers, 17-21 Dicconson Street, Wigan WN1 1RG  Telephone 0345 467 7192 Fax 01942 765339 Email [iansage@wcib.co.uk](mailto:iansage@wcib.co.uk) |

Please immediately forward any correspondence you may receive from a third party, the police, a hospital or a solicitor without responding.

Please ensure that all your personal belongings are removed from the vehicle.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Policyholder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name: | |  | | | | | | | | | | | | | | | Insurer: | | | | | | | | |  | | | | | | | | | |
| Occupation: | |  | | | | | | | | | | | | | | | Policy Number: | | | | | | | | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | Daytime Telephone No: | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | Mobile telephone No: | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | Email Address: | | | | | | | | |  | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | | | | | Contact Name: | | | | | | | | |  | | | | | | | | | |
| Are you VAT registered? | | | | | | | Yes/No | | | | | If ‘Yes, VAT Number? | | | | |  | | | | | | | | | What percentage can you recover? | | | | | | | | | % |
| **Driver –** Please complete even if the owner was driving or the vehicle was unattended (Please also forward a copy driving licence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | Daytime telephone No: | | | | | | | | |  | | | | | | | | | |
| Occupation: | |  | | | | | | | | | | | | | | | Mobile Phone No: | | | | | | | | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | Type of Licence Held: | | | | | | | | | Full / Provisional | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | | | | | Date of Licence: | | | | | | | | |  | | | | | | | | | |
| Is the person employed by you? | | | | | | | | | | | | | | | Yes/No | | If ‘Yes’, for how long? | | | | | | | | | Years Months | | | | | | | | | |
| Was the vehicle being driven with your permission? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | | |
| Has the driver/person in charge: (If ‘Yes’ please give details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ever been refused Motor Vehicle Insurance? | | | | | | | | | | | | | | | | | | Yes / No | | | | |  | | | | | | | | | | | | |
| Had any motoring convictions (inc fixed penalty offences) in the last 5 years or have any outstanding motoring prosecutions? | | | | | | | | | | | | | | | | | | Yes / No | | | | |  | | | | | | | | | | | | |
| Any physical or mental disability including sight or hearing? | | | | | | | | | | | | | | | | | | Yes / No | | | | |  | | | | | | | | | | | | |
| Had any previous losses in the last 5 years? | | | | | | | | | | | | | | | | | | Yes / No | | | | |  | | | | | | | | | | | | |
| Had any criminal convictions (or been charged but not yet tried)? | | | | | | | | | | | | | | | | | | Yes / No | | | | |  | | | | | | | | | | | | |
| **Vehicle Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make & Model | | | | |  | | | | | | | | | | | | | Colour | | | | |  | | | | | | CC / GVW | | | |  | | |
| Registration Number: | | | | |  | | | | | | | | | | | | | Mileage | | | | |  | | | | | | Value | | | |  | | |
| Vehicle Owners Name & Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe fully the purpose for which the vehicle was being used: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Details of any alterations or modifications to vehicle from standard: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Were goods being carried in connection with the business? | | | | | | | | | | | | | | | | | | | Yes / No | | | | | If ‘Yes’, please give details below: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Purchase: | | | | | | | |  | | | | | | | | | | | | | Purchase Price: | | | | | | | | | | | £ | | | |
| Finance Co Name & Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Finance Agreement No: | | | | | | | |  | | | | | | | | | | | | | Approximate Amount Outstanding: | | | | | | | | | | | £ | | | |
| Is there any other insurance in force for the vehicle? | | | | | | | | | | | | | | | Yes / No | | | | | | | If ‘Yes’, give Insurer & Policy No: | | | | |  | | | | | | | | |
| **Heavy Goods Vehicles Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Vehicle: | | | | | |  | | | | | | | | | | | | | | | Class of Vehicle: | | | | | | | | | |  | | | | |
| Number of Seats: | | | | | |  | | | | | | | | | | | | | | | Carrying Capacity: | | | | | | | | | |  | | | | |
| Was a trailer attached? | | | | | | Yes / No | | | | If ‘Yes’, please advise type: | | | | | | | | | | |  | | | | | | | | | | And Length: | | |  | |
| Type of Licence held by driver (I.e. HGV1): | | | | | | | | | | |  | | | | | | | | | | Expiry Date: | | | | | | | | | |  | | | | |
| **Accident Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: |  | | | Time: | | | |  | | | | | Location: | | |  | | | | | | | | | | | | | | | | | | | |
| Speed of your vehicle before accident: | | | | | | | | | | | | |  | | | | | | | | At Impact: | | | |  | | | Condition of Road: | | | | | |  | |
| Speed of other vehicle before accident: | | | | | | | | | | | | |  | | | | | | | | At Impact: | | | |  | | | Speed Limit: | | | | | |  | |
| Lights Displayed: | | | Your vehicle: | | | | | | Yes / No | | | | | Other vehicle: | | | | | | | | Yes / No | | | Road Width: | | |  | | | | | | | |
| Did the Police attend? | | | | | | | | | Yes / No | | | | | If ‘Yes’, please give Crime Reference No: | | | | | | | | | | | | | |  | | | | | | | |
| Name & Address of Police Station: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were you to blame for the accident? | | | | | | | | | | | | | | Yes / No | | | | | | | | Is your vehicle drivable following the accident? | | | | | | | | | | | | Yes / No | |
| Brief description of damage: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the vehicle at the repairers? | | | | | | | | | | | | | | Yes / No | | | | | | | | If ‘No’ when will it be taken in? | | | | | | | |  | | | | | |
| Repairers Name, Address & Tel No: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If not at repairers, address where vehicle can be seen: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| If you are VAT registered, may we authorise repairs on your behalf? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Please note that if the vehicle is beyond economic repair we will arrange its protection by moving it to a place of secure storage – please confirm that this is acceptable to you. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Description of Accident** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state fully what happened (continue on a separate sheet if necessary): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sketch plan of scene before accident (show road signs & markings etc) | | | | | | | | | | | | | | | | | | | | Sketch plan of scene after accident (show road signs & markings etc) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Details of other Vehicles/Parties involved in the accident** | | | | | |
| Name/Address of Owner/Driver | Registration | Insurer | Policy No | Damage | No of occupants in vehicle |
|  |  |  |  |  |  |
| **Persons Injured** | | | | | |
| Name & Address | | | Pedestrian, Driver or passenger | Apparent Injuries | Hospitalised? |
|  | | |  |  |  |
| **Witnesses** | | | | | |
| Name & Address | | | Telephone No | Age (If under 18) | Your passenger(s)? |
|  | | |  |  |  |
| **This section must be read carefully and signed by the Insured or an authorised person acting on their behalf.** | | | | | |
| **Data Protection** | | | | | |
| Insurers pass information to the Claims and Underwriting Exchange Register, run by the Insurance Database Service Limited (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft register, run by the Association of British Insurers (ABI). The aim is to help insurers check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) whether or not a claim is being made. Your insurer will pass information relating to this incident to the registers. | | | | | |
| **Declaration** | | | | | |
| I/We declare that these particulars are true to the best of my/our knowledge. I/We understand that you may ask for information form other insurers to check the answers that I/we have provided and I/we authorise the giving of such information for such purposes. I/We understand that you may ask IDS Ltd &/or ABI for information they have received from other insurers to check the answers I/we have provided.  (In the case of joint policyholders, both should sign)  Signature(s)……………………………………………………………………………………………………………………………………………………..Date…………………………………………………  Signature(s)……………………………………………………………………………………………………………………………………………………..Date………………………………………………… | | | | | |