



# Highway Motor Policies

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

## ACCIDENT CLAIM FORM

PLEASE FORWARD AT ONCE ANY CORRESPONDENCE YOU MAY RECEIVE FROM A THIRD PARTY, THE POLICE, A HOSPITAL, A SOLICITOR ETC. PLEASE ENSURE THAT ALL PERSONAL EFFECTS ARE REMOVED FROM THE VEHICLE.

### INSURED

Full Name: \_\_\_\_\_ Broker: \_\_\_\_\_  
 Private Address: \_\_\_\_\_ Cover Type: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
 V.A.T. Registered?

### DRIVER (please complete even if the Owner was driving or the vehicle was unattended)

Name & address of person in charge of the vehicle for the purpose of driving: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Driving Licence (UK/Intl): \_\_\_\_\_ Full/Provis.: \_\_\_\_\_ Date Test Passed: \_\_\_\_\_  
 Any disabilities? \_\_\_\_\_  
 Details of summonses from any previous driving offences or fixed penalties: \_\_\_\_\_  
 Details of any previous accidents or thefts: \_\_\_\_\_  
 Result of any breathalyser test: \_\_\_\_\_ Vehicle being used with your knowledge and consent?

### VEHICLE

Make & Model: \_\_\_\_\_ Colour: \_\_\_\_\_ Cubic Capacity: \_\_\_\_\_  
 Mileage: \_\_\_\_\_ Estimated Present Value: \_\_\_\_\_ Registration: \_\_\_\_\_  
 Journey From: \_\_\_\_\_ To: \_\_\_\_\_  
 What was the purpose of the journey ('Private' is not sufficient)? \_\_\_\_\_  
 Details of any alterations or modifications: \_\_\_\_\_  
 M.O.T. Certificate Number: \_\_\_\_\_  
 M.O.T. Expiry Date: \_\_\_\_\_  
 If you are not the owner of this vehicle, who is the owner? \_\_\_\_\_  
 How many vehicles do you own? \_\_\_\_\_  
 Details of owner's insurance: \_\_\_\_\_  
 Name & Address of Hire Purchase Co. (if any): \_\_\_\_\_ H.P. Agreement Number: \_\_\_\_\_  
 Approx. amount outstanding: \_\_\_\_\_

### ACCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Speed of your vehicle before accident: \_\_\_\_\_ at impact: \_\_\_\_\_ Condition of road: \_\_\_\_\_  
 Speed of other vehicle before accident: \_\_\_\_\_ at impact: \_\_\_\_\_ Was the horn sounded?   
 Lights displayed: your vehicle? \_\_\_\_\_ other vehicle? \_\_\_\_\_ Road width: \_\_\_\_\_ Speed limit: \_\_\_\_\_  
 Distance from near-side kerb: your vehicle: \_\_\_\_\_ other vehicle: \_\_\_\_\_ Any road signs: \_\_\_\_\_  
 Were you to blame for the accident?   
 Damage to Insured's vehicle: \_\_\_\_\_

**POLICE**

Was statement made to Police?

Has notice of prosecution been given?

Name & address of Police Force:

**DESCRIPTION OF ACCIDENT**

<p><b>Sketch Plan of scene <u>before</u> incident</b> (please show road signs, markings etc):</p>	<p><b>Sketch Plan of scene <u>after</u> incident</b> (please show road signs, markings etc):</p>
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**DETAILS OF OTHER PARTIES INVOLVED**

Name/Address of Owner/Driver	Registration	Insurers	Policy Number	Apparent Damage

**PERSONS INJURED**

Name/Address	Pedestrian/Driver/Passenger	Apparent Injury	Hospitalised?

**WITNESSES**

Name/Address	Telephone	Age (if under 18)	Your passenger?

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and 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. Lists of participants are available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

**I CONFIRM THAT THE FOREGOING PARTICULARS ARE TRUE AND CONFIRM THAT UNDERWRITERS MAY SETTLE THIS CLAIM AS THEY DEEM NECESSARY.**

DATE..... SIGNATURE OF INSURED OR AUTHORISED SIGNATORY.....