



CLAIM REF : _____ (internal use only)

INCIDENT REPORT FORM

Branch Code: _____	Company Name: _____
Vehicle Registration: _____	Make & Model: _____ Mileage: _____
Rental Agreement Number: _____	(Tick box if driver is staff) <input type="checkbox"/>
Was Insurance Clearance Required? Yes / No	If Yes Clearance Code: _____

DRIVER DETAILS

Name: _____	Contact Tel: _____	
Home Address: _____	Postcode: _____	
Date of Birth: _____	Nationality: _____	Occupation: _____
Do you hold a full clean driving licence Yes/No	UK / EC / Other (Delete as applicable)	
Licence No.: _____	Issue Date: _____	
Have you been convicted of a motoring offence?	Yes* / No _____	
Have you ever been refused motor insurance?	Yes* / No _____	
* If 'yes' please provide details		

INCIDENT DETAILS

Type of Incident: _____	Accident / Theft / Attempted Theft (delete as appropriate)
Incident Date / Time: _____ / _____ hrs	Location: _____
Weather Conditions: _____	Road Conditions: _____
Est. speed of your vehicle? _____ mph.	What speed limit was in operation? _____ mph.
What was the vehicle being used for at the time of incident? _____	
How many passengers were in your vehicle at time of incident: _____	Were all wearing seat belts? Yes / No
Estimate extent of damage to your vehicle: Driveable Minor / Driveable Moderate / Driveable Major / Non driveable	
In your opinion, who was at fault: Yourself / Other Party	
Theft Incidents Only: Was the vehicle locked? Yes / No	Do you have the keys? Yes / No**
** If 'No', please provide details of the keys' whereabouts _____	

Accident Description (please provide full details of the incident including any additional factors; ie. Lighting, road defects, traffic lights malfunction, etc)	
	<u>Sketch</u>

THIRD PARTY DETAILS

Vehicle Registration: _____	Make & Model: _____	Year: _____
Third Party Name: _____	Contact Tel: _____	
Address: _____	Postcode: _____	
Owner Name (if different from above): _____		
Owner Address: _____		
Insurer Name and Address: _____		
Insurer Tel No.: _____	Policy Number : _____	
Damage to Third Party vehicle / property: _____		
Est. speed of Third Party vehicle(s)?	a. _____ mph.	b. _____ mph.
	c. _____ mph.	
Total people in Third Party vehicle? _____		

OTHER PARTY DETAILS

<u>Witness 1</u>	
Name: _____	Your Passenger / Other (<i>delete as appropriate</i>)
Address: _____	Tel No.: _____
<u>Witness 2</u>	
Name: _____	Your Passenger / Other (<i>delete as appropriate</i>)
Address: _____	Tel No.: _____

Are any parties involved (other than your passengers) known or related to you? Yes* / No (* If 'yes' please provide details)	
Was anyone injured in the incident? Yes* / No (* If 'yes' please provide details)	
Name: _____	Tel: _____
Address : _____	Postcode: _____
Nature of injury: _____	
Relationship: Yourself / Your Passenger / Other Driver / Other Passenger / Other Party	
Name: _____	Tel: _____
Address : _____	Postcode: _____
Nature of injury: _____	
Relationship: Yourself / Your Passenger / Other Driver / Other Passenger / Other Party	
Were the police in attendance? Yes* / No or notified after the event? Yes* / No (* If 'yes' please provide details)	
Date notified (<i>If different from incident date</i>): _____	
Police station: _____	Tel No : _____
Crime Incident No.: _____	
Contact: _____	PC Number: _____

Insurers pass information to each other, to the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd and the Motor Insurance Anti-Fraud and Theft Register, operated by the Association of British Insurers. The aim is to enable us to check information provided and to prevent fraudulent claims. Under the conditions of the Policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass all information relating to this incident to the Registrars.

I hereby declare that the above information is true and correct to the best of my knowledge and belief. Furthermore, I understand that further investigations may be carried out and that the information provided above may be passed to legal representatives for their use. Should any information provided on this form be false or inaccurate Insurers will be entitled to refuse to deal with the claim.

Signature _____ Print Name _____

Date of this report : _____