

motor accident report

please complete this form and return it to:

MAKERSTUDY CLAIMS DEPARTMENT
 Kenwood House,
 1 Upper Grosvenor Road,
 Tunbridge Wells,
 Kent TN1 2DU

In accordance with the data protection act 1998, we bring to your attention that insurers maintain a motor insurance anti fraud and theft register and exchange information with each other to prevent fraudulent claims.

policyholder

is this the first written notification of this incident? yes no

name _____
 address _____

tel no. _____

motor policy/certificate number (important that this is quoted) _____

where did you take your policy out - please supply the name and phone no or address of your insurance intermediary _____

occupation (full and part time) _____

employers name(s) _____

daytime tel no(s) _____

are you registered for VAT? yes no

if yes, will you be able to recover from the authorities VAT on the cost of repair or replacement? yes no

date		ref	
vehicle			
make & model	recorded mileage	type of body	
colour	c.c.	year of make	current condition
price paid	registration no.	date purchased	number of seats

has the vehicle been modified from the manufacturers specification. if yes, give details? yes no

does your vehicle have rear seat belts? yes no

what cover did you select? yes no
 comprehensive third party, fire & theft third party only

is the vehicle owned and registered in the name of the policyholder?

if no: (i) name and address of owners and reason for not being in insured's name

(ii) name and address of insurers

(iii) the policy number

(iv) was the vehicle hired? yes no

how many cars, including company cars, are used by the policy holder and members of the policyholder's family?

does the policyholder own any other vehicle? yes no

if yes, state the name and address of the insurers and policy number for each vehicle owned.

damage to insured vehicle

full details of damage _____

estimated cost of repair _____

name and address of repairer _____

tel no _____

where is the vehicle lying at present? _____

is the vehicle currently in use? yes no

where can the vehicle be inspected? _____

is a finance company interested in the vehicle? yes no

if yes, state name address and agreement number.

use of vehicle

was the vehicle being used with the policyholder's knowledge and consent
 yes no

describe briefly the exact purpose for which the vehicle was being used immediately prior to the incident ('private' etc. is not sufficient)

person driving or in charge of vehicle

to be completed even if the vehicle was parked

name

address

date of birth

occupation (full and part time)

employer's name(s)

tel no(s)

please forward a copy of your driving licence with this form

driving licence details

number

date of expiry

whether full or provisional

country of issue

vehicle groups

date driving test passed

length of driving experience

(i) in this country

(ii) elsewhere

is the driver the most regular user of the vehicle? yes no

how often does the driver use the vehicle?

has the driver ever suffered any accidents or losses, regardless of blame, within the last 6 years? yes no

if yes, give details and dates even if previously reported.

has the driver, in the last 6 years, been convicted or have pending any prosecution for motor offence? yes no

if yes, state date, type of conviction and penalty imposed even if previously reported

is a prosecution pending as a result of this accident or has a notice of intended prosecution been issued? yes no

if yes, give details

does the driver suffer from any physical infirmity, disease, or any other condition of which the licensing authorities need to be informed?

if yes, give details. yes no

has the driver been refused motor insurance or had special terms imposed on him/her? yes no

if yes, give full details

state whether the driver is the policyholder, a relative, friend, colleague, acquaintance or employee.

if not the policy holder, does the driver own a motor vehicle? yes no

if yes, state name and address of insurers and policy number

accident details

location: road/street town/city county

date time am/pm

visibility daylight, dusk or dark

weather conditions conditions of road surface

what signals did you give?

did you sound your horn? yes no

did the other person sound their horn? yes no

width of road

what lights were showing on: (a) your vehicle?
 (b) other vehicles?

were you on the major road? yes no

street lighting? yes no

how far was your vehicle from the nearside kerb?

what was the speed limit in force?

prior to impact, what was the speed of:

(a) your vehicle?

(b) other vehicles?

was a pedestrian involved? yes no

if yes, was he/she on a pedestrian crossing? yes no

give details of any statements of blame made by any party.

whom do you consider responsible for the accident?

did a police officer take details of the accident? yes no

if yes, state:

number name

station address

police force

details of your passengers

1.name

address

position in vehicle

front seat back seat

was a seat belt being worn?

yes no

2.name

address

position in vehicle

front seat back seat

was a seat belt being worn?

yes no

independent witnesses

1.name

address

2.name

address

other vehicles involved

1		2		3	
name of driver					
address					
occupation					
name, address and policy number of insurers					
make & model of vehicle	colour		colour		colour
registration no.					
damage					
no. of passengers					
front:	back:	front:	back:	front:	back:

injured persons

1		2		3	
name					
address					
occupation	age		age		age
injuries					
in which vehicle?					
was the above conveyed to hospital or given any roadside treatment?					
was he/she wearing a seatbelt?					

other property damaged

1	2	3
type of property		
name of owner		
address		
extent of damage		
any claims received		

notice: Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purpose through the claims and Underwriting Exchange Register. The information you supply on this form, together with any other information relating to this incident may be provided to participating insurers or their agents.

