

# motor accident report

**please complete this form and return it to:**

ROSS GOWER GROUP LIMITED  
 PO Box 2, Insko House  
 Rohais,  
 St Peter Port,  
 Guernsey GY13AA  
 email to [claims@rossgower.com](mailto:claims@rossgower.com)

**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 policyholder 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

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## 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.

