

motor accident report

please complete this form and return it to:	date ref
ROSS GOWER GROUP LIMITED	vehicle
PO Box 2,Insco House	make&model recorded mileage type of body
Rohais,	inalio anio doi interneti de la construcción de
St Peter Port,	
Guernsey GY13AA	colour c.c. year of make current condition
email to <u>claims@rossgower.com</u>	
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	price paid registration no. date purchased number of seats
fraudulent claims.	
	has the ushiele been medified from the manufacturers are diffection
	has the vehicle been modified from the manufacturers specification. if yes, give details? yes□ no□
policyholder	
is this the first written notification of this incident? yes□ no□	
nama	does your vehicle have rear seat belts? yes□ no□
address	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
tel no.	
motor policy (cortificate pumber (important that this is guated)	(ii) name and address of insurers
motor policy/certificate number (important that this is quoted)	(iii) the policy number
	(iv) was the vehicle hired? yes□ no□
where did you take your policy out - please supply the name and phone no	
oraddressofyourinsuranceintermediary	how many cars, including company cars, are used by the policy holder and members of the policy holder'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
occupation (full and part time)	each vehicle owned.
	damage to insured vehicle
employers name(s)	full details of damage
daytime tel no(s)	estimated cost of repair
	name and address of repairer
are you registered for VAT? yes no	tel no where is the vehicle lying at present?
if yes, will you be able to recover from the authorities VAT on the cost of	
repairorreplacement? yes no	is the vehicle currently in use? yes□ no□
	where can the vehicle be inspected?
	is a finance company interested in the vehicle? yes \square no \square

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 \square

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	dateofexpiry				
whetherfullorprovisional	country of issue				
vehiclegroups	date driving test passed				
lengthofdriving experience (i) in this country	(ii) elsewhere				
is the driver the most regular user of the vehicle? yes \Box r					

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 termsimposed 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

acci	dent details				
location: road/street	town/city	county			
date	time	am/pm			
visibility	daylight, dusk or dar	ĸ			
weather conditions	conditions of road surface				
what signals did you give?					
did you sound your horn?		yes□	noロ		
did the other person sound their	yes□	no□			
widthofroad					
whatlightswereshowingon:	(a) your vehicle?(b) other vehicles?				
were you on the major road?		yes□	no□		
streetlighting?		yes□	no□		
how far was your vehicle from t	he nearside kerb?				
what was the speed limit in force	e?				
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 pedes	yes□	no□			
givedetails of any statements o	fblamemadebyanyp	arty.			
whom do you consider respons	ible for the accident?				
did a police officer take details of	of the accident?	yes□	no□		
if yes, state:		2			
number name					

police force

station address

	details of your passengers	
1.name address		

position in vehicle	frontseat 🗆 back seat 🗆				
was a seat belt being worn?	yes□	no□			
2.name					
address					
position invehicle	frontseat 🗆 back seat 🗆				
was a seat belt being worn?	yes□	no			
independent witnesses					
1.name					
address					
_					

2.name address

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		ROUP						
			other ve	ehicles involved	b			
	1			2			2	
	1			2			3	
name of driver								
address								
occupation								
name, address and policy num	ber of insu	irers						
make & modelof vehicle		colour			colour			colour
registration no.								
damage								
no. of passengers								
front:	back:		front:	back:		front:	back:	
			inju	red persons				
	4			2			2	
	1			2			3	
name								
address								
occupation		age			age			age
injuries								
inwhich vehicle?								
was the above conveyed to								
hospital or given any								
roadside treatment?								
was he/she wearing a seatbelt?	?							
			other pr	operty damage	d			
	1			2			3	
tupo of proporty	1			2			3	
type of property								
nome of our								
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.

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please make your description as clear as possible



declaration (please read before signing)

I declare that the above statements are correct and true to the best of my knowledge and belief. I hold no other policy in addition to this indemnifying me in respect of this claim.

I have not withheld from the insurer any information within my knowledge connected with this incident. I understand that any mis-statements and/or withholding of information will render my claim void.

I agree to provide the insurers with any further information or documentation as may be required.

I understand that the claim will be cancelled if the vehicle is recovered undamaged before payment has actual y been made by the insurer. I also understand that if the vehicle is recovered after the claim has been paid it becomes the property of the insurer.

I undertake to advise the insurer immediately if the vehicle is recovered.

lunderstand that the insurer does not admit liability by the issue of this form.

lunderstand the insurer may require me to be available for interview by their appointed representative, and further understand that any information given may be recorded and analysed.

lunderstand that you may seek information from other insurers to check the answers lhave provided.

Signature of policyholder

date

please ensure all questions have been answered, all details supplied, and that the form has been signed and dated above. This will avoid delays caused by our having to return this form to you.