

## Motor Incident Report Form

If you intend to deal with any vehicle/property damage caused without claiming under your policy and no personal injury is involved, please tick box to show that the details given are for information purposes only.

### Policyholder

**Policy No.**

**Policyholder's name or title**

**Occupation**

**Policyholder's address**

**Telephone number**

Daytime	Mobile
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**Are you registered for V.A.T?**

Yes  No

If Partially Exempt Insert  
Recovery Percentage % \_\_\_\_\_

**Email address**

**Is your claim as a result of...**

Accident  Theft  Fire  Other

Tick all that apply

Please complete all parts of this form as applicable for any of these claims

### Vehicle Details

**Make**

**Model**

**CC**

**Body type**

**Year of manufacture**

**Reg: No.**

**Purchase date**

**Mileage**

**Colour**

**Has the vehicle been modified in any way?** (Details Please)

**Is the vehicle subject to lease contract?**

Yes  No

If **Yes** please supply  
name of lease company \_\_\_\_\_

**Are you the owner of the vehicle?**

Yes  No

If **No** please supply  
name & address of owner \_\_\_\_\_

**Is the owner registered for V.A.T?**

Yes  No

## Driver or Person Last in Charge of The Vehicle

**Full Name**

**Address**

**Date of Birth**

**Occupation**

**Are you an employee of the policyholder?**  Yes  No

If so how long have you worked for them \_\_\_\_\_

**Have you received any motoring convictions in the last 5 years?**  Yes  No

If **Yes** – please provide details including Date of conviction, Conviction Code, Number of points added to your licence and Fine received.

**Type of Licence held**

**Date passed test**

\* (please state which Country the licence was obtained and date issued)

## The Incident

**Date & time of incident**

 AM / PM

**What was the purpose of the use of the vehicle?**

**Where did the incident occur?**

**Did any of the emergency services attend?**  Yes  No (if yes please supply details) \_\_\_\_\_

**Was the incident reported to the Police?**  Yes  No

If **Yes** please supply address of Police Station, Police Officer's Name and Number and Reference number allocated to this incident

**Has anyone been prosecuted or been advised of any possible pending prosecution as a result of this incident?**  Yes  No

If **Yes** please supply details

**Who do you consider was to blame for this incident?**  Self  Other Person(s)  Both

Tick one

## Damage to your Vehicle

Is the vehicle still in use?  Yes  No

If **No** where is the vehicle now located

Your Insurers have a list of approved repairer. Do you have any objections to the vehicle being removed to and approved repairer?  Yes  No

Have you instructed a garage to commence repairs?  Yes  No

If **Yes** please give name, address and Tel. No of garage.

Had the ignition keys been removed?  Yes  No

Were all doors, boot or tail gate locked?  Yes  No

Was the vehicle in a locked garage at the time of theft?  Yes  No

Were personal items stolen from the car?  Yes  No

If **Yes** please supply details:

Was the vehicle fitted with an immobiliser?  Yes  No

If yes was it operational?

\_\_\_\_\_

Was the vehicle fitted with an alarm?  Yes  No

If yes was it operational?

\_\_\_\_\_

### If the vehicle has not been recovered or is beyond economic repair, please forward the following

- Registration Document (V5)
- MOT Certificate / HGV Certificate / Plating Certificate (where applicable)
- Purchase Invoice / Hire Purchase Agreement
- Recent Service Invoice(s) and/or Service Record Book
- All keys to the vehicle

### Other motor vehicles or persons involved in this incident

Please tick all that apply

Vehicle  Motor Cycle  Cyclist  Pedestrian

Are you aware of any injuries sustained as a result of this incident to  Yourself  Passengers in your vehicle  Third Party  Other

Were seatbelts worn?  Yes  No

## Third Party Details

**1**

**Owner/Driver**

**Were there any passengers in the vehicle?**  Yes  No

**Injuries sustained**

**Was a seatbelt worn?**  Yes  No

**Address**

**Telephone number**

Daytime	Mobile
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**Make/model of vehicle**

**Reg. No.**

**Damage to vehicle**

**Insurance company details. Name & address**

**Policy No.**

**2**

**Owner/Driver**

**Were there any passengers in the vehicle?**  Yes  No

**Injuries sustained**

**Was a seatbelt worn?**  Yes  No

**Address**

**Telephone number**

Daytime	Mobile
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**Make/model of vehicle**

**Reg. No.**

**Damage to vehicle**

**Insurance company details. Name & address**

**Policy No.**



## Witnesses to Accident

Name	Address	Vehicle (if passenger)

## Declaration

Notice: 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/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We agree to provide the Insurer with any further information or documentation as may be reasonably required. I/We understand that the Insurer does not admit liability by the issue of this form.

I/We understand that you may seek information from other insurers to check the answers I/We have provided. I/We confirm that I/we have no objection to our Insurers obtaining any information they require from the DVLA in connection with my/our driving license(s).

**Signature of Driver** (where other than Policyholder)

\_\_\_\_\_

**Signature of Policyholder**

**Date**

\_\_\_\_\_

\_\_\_\_\_

### Fraud Warning

The submission of a bogus or exaggerated claim, either in whole or in part, or any false documentation or statement in support of claim, may invalidate the whole claim and lead to your policy being declared void.

**Please return this form to:**

Mathews Comfort, Clarendon House, 52 Cornmarket Street, Oxford OX1 3HJ