

## MOTOR ACCIDENT REPORT FORM

**PLEASE ANSWER EVERY QUESTION WHERE POSSIBLE & SIGN THE DECLARATION ON THE FINAL PAGE**

Policy Number		Claim Number		Your reference	
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### POLICYHOLDERS DETAILS

Name					
Telephone Number					
VAT registered	Yes/No	If yes, please state VAT number			

### DRIVERS DETAILS

Full Name				Date of Birth	
Address					
Contact Number					
Driver Category	Employee – Y	Spouse – Y/N	Other – please specify		
Any convictions for motoring offences in the last 5 years? <b>(Please list convictions with dates )</b>		Any previous claims in the last 3 years?		Any medical conditions (that need to be advised to the DVLA)	
Type of licence held				Date test passed	
Please specify any injuries the driver has sustained as a result of the incident					

### OWN VEHICLE

Make		Model		Year of registration		Vehicle Registration		Current Mileage	
If your vehicle is hired/leased/loaned then please provide full details.					Any Modifications?				
Description of damage		Area of damage			Where can the vehicle be inspected? (provide contact details if different than policyholder)				
									
Are you claiming for damage to the vehicle?	Y/N	Is the vehicle driveable?	Y/N	Is video footage available from any cameras on the vehicle? If so please send		Y/N			
Are you using your own repairer (estimate required) or would you like to use an insurers approved repairer?		Name			Tel:				

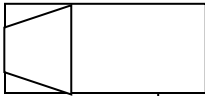
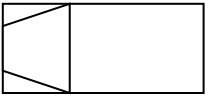
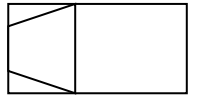
### THE ACCIDENT

Date		Time		Purpose of Journey	
Accident location <b>(include street names where possible)</b>					
Speed of your vehicle at the moment of impact		Road speed limit		Were your vehicle lights on	

Did any driver give any warning?		What were the weather conditions?	
What were the road conditions?			
Did the other party drive away without exchanging details?			
In your opinion, who is at fault and why?			

**ACCIDENT DESCRIPTION (please use additional sheet if necessary)**

**OTHER PARTIES INVOLVED (please use additional sheet if necessary)**

1. Full Name		2. Full Name		3. Full Name	
Address		Address		Address	
Contact Number		Contact Number		Contact Number	
Vehicle & Registration		Vehicle & Registration		Vehicle & Registration	
Area of Damage		Area of Damage		Area of Damage	
Description of Damage		Description of Damage		Description of Damage	
Please specify any Injuries		Please specify any Injuries		Please specify any Injuries	
Number of Passengers		Number of Passengers		Number of Passengers	
Insurance company		Insurance company		Insurance company	
Policy/Certificate number		Policy/Certificate number		Policy/Certificate number	

**WITNESSES (Please use additional sheet if necessary)**

1. Full Name		2. Full Name		3. Full Name	
Address		Address		Address	

Tel number		Tel number		Tel number	
Type of Witness	<ul style="list-style-type: none"> <li>• Own</li> <li>• passenger</li> <li>• Third party Passenger</li> <li>• Pedestrian</li> <li>• Other</li> </ul>	Type of Witness	<ul style="list-style-type: none"> <li>• Own passenger</li> <li>• Third party Passenger</li> <li>• Pedestrian</li> <li>• Other</li> </ul>	Type of Witness	<ul style="list-style-type: none"> <li>• Own passenger</li> <li>• Third party Passenger</li> <li>• Pedestrian</li> <li>• Other</li> </ul>

**EMERGENCY SERVICES**

Did the police attend?		Were the Police informed?		Give name and number of attending officer	
Give address of station and incident reference number					
Are proceedings pending?		If so, against whom?			
Did an ambulance attend?		Was anyone treated at the scene?		Was anyone taken away in the ambulance?	
Did the fire brigade attend?		Was anyone cut from their vehicle?		If no, what was the purpose?	

**SKETCH THE ACCIDENT (please use street names if possible)**

**DECLARATION**

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief, I/we authorise the Company to make such admissions on my/our behalf as it deems appropriate and I/we agree to render the Company all assistance in the investigation of the Claim. I/we further agree to provide such assistance as may be necessary in pursuing recovery of any outlay. I/we confirm that I/we have not withheld any material information within my/our knowledge that may affect the granting of indemnity under my/our policy.			
Signature		Name in block capitals	
Position in company		Date	

Claims Department  
Absolute Insurance Brokers Limited, Airport House, Purley Way, Croydon, Surrey, CR0 0XZ

T: 020 8915 1022  
Email: [claims@linkinsure.co.uk](mailto:claims@linkinsure.co.uk)

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