

MOTOR ACCIDENT REPORT FORM

SECTION 1 - (ANSWER ALL IN UPPER CASES)

Policy Number: _____ Date of Accident: DD / MM / YY

Vehicle Registration: _____ Time of Accident HH : MM AM PM

Title: _____ Full Name: _____

Present _____

Address: _____

(In full) _____

Tel Number: Home Business/Mobile

Email: _____ Date of Birth: DD / MM / YY

Yes No

Is a full driving licence held? _____ If 'Yes' date driving test passed: DD / MM / YY

Occupation (s): Full Time Part Time

Yes No

Is the insured registered for VAT/GST? _____

Is the vehicle owner registered for VAT/GST? _____

Details of any previous accidents or losses sustained in connection with a motor vehicle (If NONE, state NONE):

Date: _____ Circumstances _____

DD / MM / YY

DD / MM / YY

Details of all motoring convictions including fixed penalties and any pending prosecutions (If NONE, state NONE):

Date of conviction: _____ Offence/offence code: _____ Sentence/fine: _____

DD / MM / YY

DD / MM / YY

Details of all other criminal convictions involving fraud or dishonesty e.g. shoplifting, arson (If NONE, state, NONE):

Yes No

Was the Policyholder driving or last in charge of the vehicle at the time of the Accident?

If 'Yes' please go straight to **SECTION 3**

If 'No' please complete **SECTION 2** and then go to **SECTION 3**

SECTION 2 - PERSON LAST IN CHARGE OF VEHICLE

Title: Full Name:

Present

Address:
(In full)

Tel Number: Home Business/Mobile

Date of Birth: DD / MM / YY

Occupation (s): Full Time Part Time

Details of any previous accidents or losses sustained in connection with a motor vehicle (If NONE, state NONE):

Date: Circumstances

DD / MM / YY

DD / MM / YY

Details of all motoring convictions including fixed penalties and any pending prosecutions (If NONE, state NONE):

Date of conviction: Offence/offence code: Sentence/fine:

DD / MM / YY

DD / MM / YY

Details of all other criminal convictions involving fraud or dishonesty e.g. shoplifting, arson (If NONE, state, NONE):

How often does this person use the vehicle? Daily Weekly Monthly Other If 'Other' please state:

What is the person's relationship to the insured? e.g. employee, son, daughter etc

Yes No

Does this person have insurance of their own?

If 'Yes', please give Name and Policy No of insurer:

Insurer:

Policy number:

Yes No

Is a full driving licence held?

If 'Yes', please state date driving test passed: DD / MM / YY

SECTION 3 - VEHICLE (ANSWER ALL IN UPPER CASES)

Make: Model: Colour:

GVW (commercial vehicles only) Cubic Capacity Engine number

Chassis/VIN number Year of Manufacture Mileage at date of accident

Yes No

Is the Policyholder the Main User of the Vehicle?

If 'No' please state who is below

Yes No

Is there any outstanding finance or hire purchase on the vehicle?

If 'Yes', please give name and address of the company below:

Yes No

Is the Policyholder the legal owner of the vehicle *and/or trailer*?

If, no please explain why and give name and address of registered owner:

Please give details of any alterations/modifications made to the vehicle:

Yes No

Is the vehicle still driveable?

What is the extent of the damage?

Where and when can the vehicle be inspected?

Yes No

Repair estimate attached?

In the event of your vehicle being uneconomical to repair,
may we move it to a place of free storage in order to minimise storage charges?

SECTION 4 - ABOUT THE ACCIDENT (ANSWER ALL IN UPPER CASES)

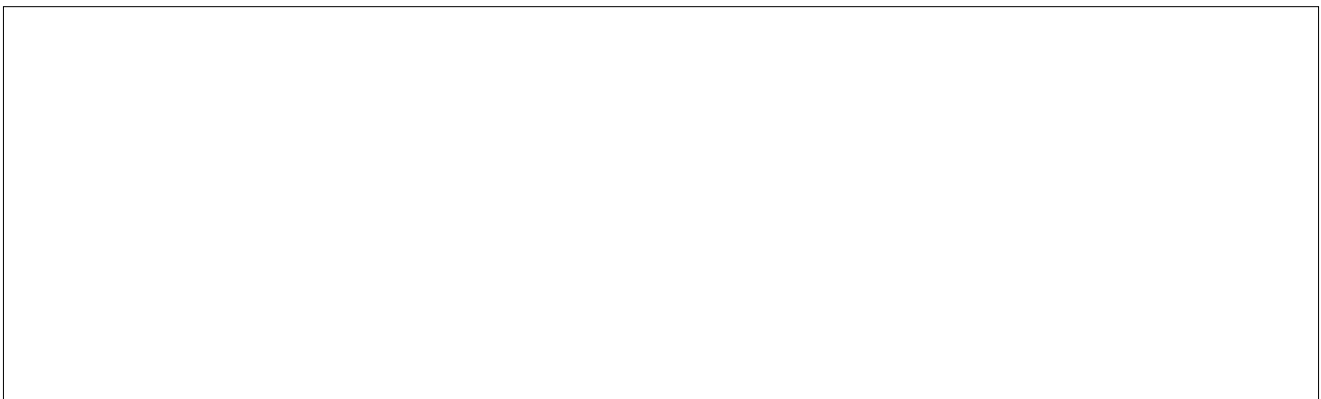
Exact location where Accident occurred: *(eg Road Name, Town or Parish)*

Please give full details of how the accident happened

It is helpful if you describe speed, signals given by all parties and weather conditions.

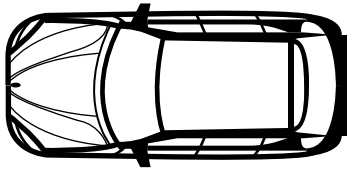
Please draw a diagram or sketch of the vehicle(s) in the accident.

Please try to show road markings, traffic lights, approximate road widths etc.

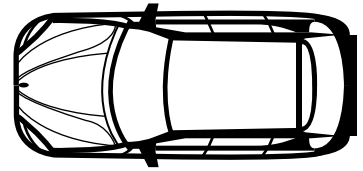


Impact on your car

Mark location of
damage
on diagram

**Impact on other vehicle**

Mark location of
damage
on diagram



What was the vehicle being used for, where was it going?

Yes No

Did the police attend the accident? Force/Station

If 'Yes', give details of Officer's Name & Police:

Yes No Not applicable

Were there any witnesses?

If 'Yes', please give their names and contact address/telephone:

Name

Address

Tel Number

Yes No

Was the driver injured?

If 'Yes', give details:

Were there any passengers? If so give details:

Name	Address	Telephone	Details of injury
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Were any other people involved in the accident?

Please give as much information as you can about any injuries & their damage.

Name, Address & Telephone	Vehicle Registration	Insurers/Policy No	Details of injury	Their Damage
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Self Other

Who do you hold responsible for the accident?

If 'Other' please state why

SECTION 5 - DECLARATION

I/We declare that the details given on the claim form are true and complete to the best of my/our knowledge and belief. I/We understand that if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit, all benefit under the policy shall be forfeited and criminal proceedings may ensue.

Signature: _____

Date: _____

APPROVED REPAIRERS

Guernsey

Kenny Brouard Autobody Shop
Marion Place
Port Grat
Guernsey
GY2 4TD
Telephone: 01481 256939

TrustFord Guernsey
Bulwer Avenue
St Sampsons
Guernsey
GY2 4LG
Telephone: 01481 247072

Jersey

Repairers differ depending
on insurer, check your policy
document.



NFU Mutual



MS Amlin

Cunningham Car Centre 
Total Service Station
La Route Des Quennevais
St Brelade
Jersey
JE3 8FP
Telephone: 01534 745824

TrustFord Jersey 
La Rue Des Pres Trading Estate
St Saviour
Jersey
JE2 8UR
Telephone: 01534 636633

Martin Fernando Limited  
La Rue De Pres Trading Estate
St Saviour
Jersey
JE2 7QS
Telephone: 01534 507873 or
633150 or 873910

Falles Airport Road Garage 
Airport Road
La Route des Quennevais
St Brelade
JE3 8FP

Alderney

Please contact us for further
instructions.

PLEASE OBTAIN ONLY ONE ESTIMATE FOR REPAIRS FROM AN APPROVED REPAIRER ON THE ABOVE LIST.

Please note our approved repairers will provide a courtesy car while your vehicle is in for repair subject to availability.