

PRIVATE CAR ACCIDENT REPORT FORM

*****PLEASE ANSWER ALL QUESTIONS FULLY - TICKS OR DASHES ARE NOT ACCEPTABLE***
 THE CLAIM FORM MUST BE COMPLETED AND SIGNED BY THE POLICYHOLDER**

1. INSURED	ARE YOU REGISTERED FOR GST.?
Full Name	
Address	
.....	
Occupation	Home Tel. No.....
	Work Tel No.
	Mobile Tel No.....
	Email Address.....
Policy/Certificate No	
Expiry Date	Date of Issue
Is your Policy Comprehensive or Third Party Fire & Theft.....	
2. PARTICULARS OF VEHICLE	
Make	Model
	Engine Capacity.....
	Reg. No.
	Colour.....
Year First Registered.....	
Date of purchase.....	
Price paid.....	
Estimated present value.....	
Give details of any trailer/or loose container.....	
Is Vehicle a left hand drive? Yes/No	
Has the vehicle been Modified or Converted or Customised in any way or had its performance increased? Yes/No	
If so, give full details	
Is the vehicle owned by the policyholder? If not, please state Registered Owner.....	
For whose use was the vehicle purchase?.....	
Name, Address and Agreement No. of H.P. Co.....	
Do you own another vehicle? Yes/No If yes in whose name is it registered?	
Is your car fitted with seat belts? If so were they being used?	
3. USE OF VEHICLE (the words Private, Business or Pleasure are not sufficient)	
For what purpose was it being used at the time of accident?	
In connection with your work do you travel to various places of trade or business with your private car? Yes/No	
4. DRIVER (OR PERSON LAST IN CHARGE OF VEHICLE)	
Name and Address of Driver at time of Accident?	
.....	
Occupation	Age
	Date passed Driving Test
Country of Birth	Is Driving license Provisional/Full?
Are you the main user of car? Yes/No. If yes how many days per week is car in your custody?.....	
Was the vehicle being used with the policyholder's knowledge and consent? Yes/No	
Has the driver been convicted of any motoring offence in the last 5 years?	
If "YES" please give details.....	
Has the driver been involved in an accident in the last 5 years?	
If "YES" please give details.....	
Has the driver received any notice of intended prosecution or caution in regard to this accident?.....	
If the driver is a friend, relative, or employee, does he own a motor vehicle?	
If so, name his/her Insurance Company	
Has the driver ever been refused Motor Insurance? Yes/No	
Has the driver any physical defect, infirmity, impaired sight or hearing, diabetes, heart or epileptic condition?	
Is the driver taking anti-depressant drugs, anti Histamine or tranquillisers?	

Did Police / Centenier take particulars? Yes/No

If "YES" give details of Police Station / Parish Hall

PC/WPC No.....

Was Statement made to Police? Yes/No Please give police reference (if known)

Was any warning of intended prosecution by the Police given to the driver or other person? Yes/No

Was either driver breathalysed at the time of the accident? Yes/No..... If "YES" please give name

Please state whether negative or positive

5. PASSENGERS (State if they hold a full driving licence)

OTHER WITNESSES

Give Names and Addresses of:	Licence?
.....	Yes/No
.....	Yes/No
.....	Yes/No
.....	Yes/No
.....	Yes/No
.....	Yes/No

Give Names and Addresses of:
.....
.....
.....
.....
.....
.....

6.PARTICULARS OF OTHER PARTIES INVOLVED AND PROPERTY DAMAGE

Name and address of Owner, and if applicable, driver.....

Make and Reg. No. of other vehicle involved

Apparent damage to other vehicle and/or other property.....

Name of other person's Insurance Company or Brokers.....

Address Policy or Certificate No.

DETAILS OF PERSONS INJURED.

1. Own / Passengers - Name & Address.....

2. Other Parties – Name & Address.....

Nature of injuries sustained

7. DAMAGE TO INSURED'S VEHICLE

Estimated Cost of Repairs (please forward in writing) £.....

Name of Repairers Tel No.

Is Vehicle at Repairers or in use?

If you are claiming in respect of damaged tyres, state Make Size

When PurchasedApproximately mileage doneP.T.O.....

8. CIRCUMSTANCES OF ACCIDENT

Date of accident?Time PM /AM

Road or Street..... Parish/Town.....

Applicable Speed Limit

Condition of Road, wet or dry Did your Driver give warning and how?

Did the driver of the other vehicle (if any) give warning and how?

If the accident occurred after lighting-up time was	{	(a) Your car lighted and how?
		(b) The other vehicle lighted and how?.....

What was the speed of your car?	{	(a) Immediately before the impact?.....
		(b) At the moment of impact?

