

# MOTOR INCIDENT REPORT FORM

## Policyholder Details

Name: ..... Policy No: .....  
Address: ..... Contact No. ....  
.....  
Postcode: .....  
VAT Registered: Yes  No

## Accident Details:

Date: ..... Time: ..... Speed: ..... Location: .....  
Reported to Police: Yes  No  PC Name & Number: .....  
Police Ref. .... Station: .....

## Driver Details:

Name: ..... DOB: ..... Occupation: .....  
Date driving test passed: ..... Details of any Convictions: .....  
Details of any Medical conditions: ..... Details of any Injuries sustained: .....  
Brief statement and sketch of circumstances (please use separate page if necessary)

## Vehicle Details:

Registration No: ..... Make: ..... Model ..... Year of Registration: .....  
Name of legal owner: .....  
Details of Legal Owner (incl. address / contact number and agreement number) .....  
What was the vehicle being used for at time of incident, Business  Pleasure  Number of Passengers: .....  
Names of Passengers .....  
(include details of injuries if necessary): .....  
Area of damage: .....  
Is the vehicle still in use: Yes  No  Location of Vehicle: .....  
Would you like us to appoint an approved repairer? Yes  No  .....  
If no, please state your preferred garage and include an estimate for repairs: .....

## Third Party Details:

Registration No: ..... Make: ..... Model .....  
Name: ..... Insurer & Policy Number: .....  
Address: ..... Contact No. ....  
.....  
Postcode: ..... No. of passengers: .....  
Any injuries? .....

## Witness Details:

Name: ..... Contact No: .....  
Address: .....  
.....  
Postcode: .....

**Declaration:** I / we declare that to the best of my/our knowledge, this statement is true

Drivers signature: ..... Date: .....