



Ref: \_\_\_\_\_

## ACCIDENT REPORT FORM

### SECTION 1 - CLIENT DETAILS

First Name of Claimant: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 First Name of Owner: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 First Name of Driver: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Estimated Value: £ \_\_\_\_\_  
 Insurance Cover: FULLY COMP  THIRD PARTY  T/P FIRE & THEFT  NO INS.   
 Name & Address of Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_  
 Make & Model of Vehicle: \_\_\_\_\_ Registration: \_\_\_\_\_  
 Vehicle Driveable? Yes  No  Employers Name & Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Net Weekly Pay: \_\_\_\_\_

### SECTION 2 - THIRD PARTY DETAILS

First Name of the Driver: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Business Name & Address (if Company Vehicle): \_\_\_\_\_  
 Telephone No: \_\_\_\_\_  
 Name & Address of Insurance: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Make & Model of Vehicle: \_\_\_\_\_ Registration: \_\_\_\_\_

### SECTION 3 - ACCIDENT DETAILS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM/PM)  
 Location: \_\_\_\_\_  
 Weather/Visibility: \_\_\_\_\_ Speed of Road: \_\_\_\_\_ Speed Travelling: \_\_\_\_\_  
 Light Displayed: Your vehicle: Yes  No  Other vehicle: Yes  No   
 Did the Police Attend? Yes  No  Details: \_\_\_\_\_

### SECTION 4 - WITNESS DETAILS

Were there any Witness: Yes  No  If yes, how many: \_\_\_\_\_

#### Witness 1 -

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_

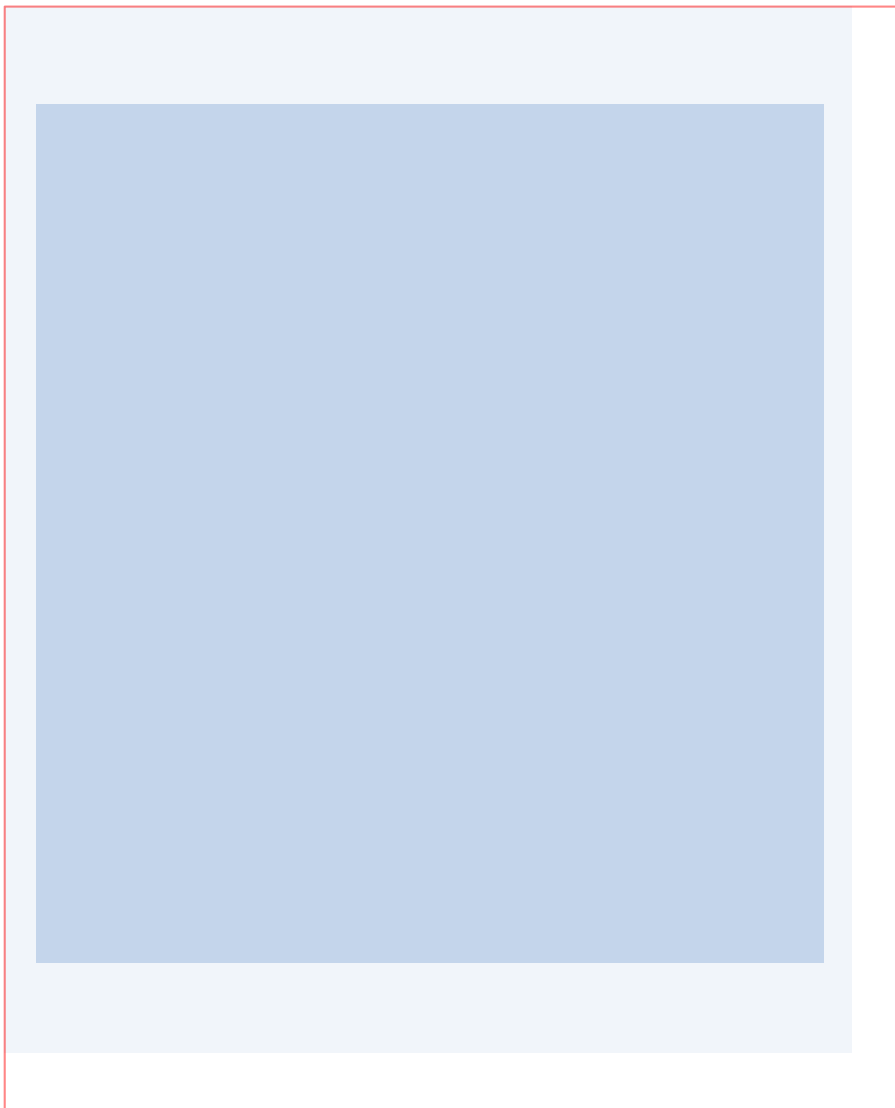
#### Witness 2 -

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_

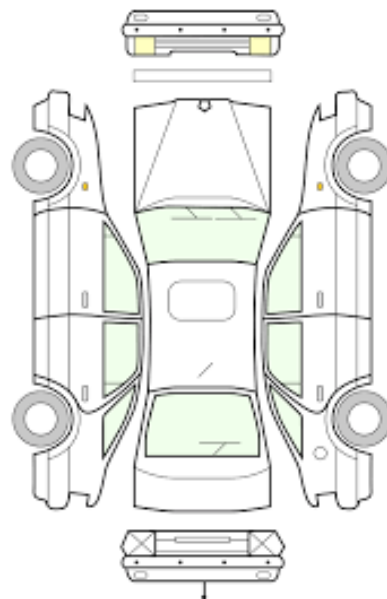
Please continue on separate sheet for more than two witness, please indicate if separate sheet attached: Yes  No



**Please draw a sketch of the accident below:**  
(Please indicate road markings as appropriate)



Please indicate with an (x) the area of damage



- Allegation at Fault.
- Drove into the rear of the client's vehicle.
- Failed to give way and drove from a minor road and onto the main road in the client's path.
- Drove too fast having in mind the road conditions at the time.
- Failed to stop in time.
- Drove onto the client's side of the road.
- Drove through a red light and into the client's path.
- Attempted to make a right turn when it was unsafe to do so.
- Add as appropriate: .....