

# Report Form

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI) and to other anti-fraud registers. The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the register(s).

## Section 1 - Details Relating to the Insured and Insurance Cover

Title: Mr / Mrs / Ms / Company (please tick as appropriate)	Telephone No – Home
Full Name of Insured	Telephone No – Work
Address	Full Time Occupation
Postcode	Part Time Occupation
Policy No	Cover: Comprehensive / TPF&T / TPO (please delete as appropriate)
Claim No	Are you VAT registered?
	Broker

## Section 2 - Details Of Accident, Fire or Theft

Date / Time	Date reported to Insured	Weather Conditions
Place i.e Road	Town	Country
Reason for journey	Did a Police office attend? Yes No	Police Details: Station PC's No
Was anyone cautioned or breathalysed? Yes No	Please quote the Police Crime Reference Number	
	Who	Result
<b>THEFT Please note it usually takes 4 to 6 weeks to investigate a theft claim.</b>		
Is the thief known to you? Yes No	Was the vehicle locked? Yes No	Were the keys removed? Yes No
How many keys were you given when you purchased the vehicle/?		
Was an alarm or immobiliser fitted? Yes No	Was it engaged? Yes No	Make / Model

## Section 3 - Details of Driver or Person Last in Charge of the Insured Vehicle

**PLEASE SUBMIT A COPY OF THIS PERSONS DRIVING LICENCE WITH THIS REPORT FORM** (including front and rear of photo card)

Title: Mr / Mrs / Ms / Company (please tick as appropriate)	Date of Birth	
Name	Date HGV/PSV Passed	Groups
Address	Date UK Test Passed	
Postcode	Expiry Date	
	Occupation	
Licence Full / Provisional / Foreign / HGV etc (please state)	Country of Issue UK / EIRE / Other (please state)	Length of UK Residency
Please give details of any medical condition affecting you. If none please state NONE		
Please give details of any motoring conviction or pending prosecution. If none please state NONE		Please give details of any previous losses. If none please state NONE.
Was the driver engaged on your business Yes No	Is the driver in your employ? Yes No	Date employment commenced

## Section 4 - Vehicle Details

Make	Model	Registration No.
Date purchased, Hired or Leased	Year of make	Purchase Price
Type of vehicle	Engine size	Mileage
Date last MOT passed	Was a Trailor/Caravan attached Yes No	Length of Trailor/Caravan
Name & Address of HP Lease Company		
HP/Lease agreement no.	Was the vehicle being used with your permission? Yes No	
<b>COMMERCIAL VEHICLES ONLY</b>		
Gross vehicle weight	Length of vehicle	Type of load
Do you hold an Operators License? Yes No	Licence No	Expiry date

## PLEASE GIVE OWNERSHIP DETAILS IF YOU WERE DRIVING A VEHICLE THAT IS NOT OWENED BY YOU

Make	Model	Registration No.
Date purchased, Hired or Leased	Year of make	Purchase Price
Type of vehicle	Engine size	Mileage

Section 5 - Damage To Own Vehicle		
If the vehicle is damaged beyond economic repair we will move it to safe storage pending settlement of your claim. Please remove your personal effects as soon as possible.		
DEGREE OF DAMAGE		THEFT: If the vehicle has been recovered:
Is the vehicle still in use	Yes No	Who recovered the vehicle?
Is the vehicle unable to be driven	Yes No	
Has the vehicle been recovered	Yes No	Where was it found?
AREA OF DAMAGE (give particulars of damage to your vehicle)		When was it found?
Where can your vehicle be inspected?		Where has it been taken?

Details Of Other Vehicle Or Property Involved		
Title: Mr / Mrs / Ms / Company (please tick as appropriate)		Make
Name	Colour	Model
Address		Was their vehicle driven away? Yes No
		Damage
		Insurers
Postcode	Vehicle Registration	Policy Number

Section 6 - Full Description Of Accident Or Theft	
Please give full description of the Accident, Fire or Theft	Sketch plan (please show road signs and markings)
Speed of your vehicle at time of accident	
Speed of other vehicle at time of accident	

Section 7 - Liability	
Who in your opinion was to blame?	Are you planning to claim for uninsured losses? Yes No
In the event of Civil Litigation do we and our Solicitors have your permission to admit liability and negligence?	Yes No

Section 8 - Witness of Accident		
	Witness 1	Witness 2
Title (Mr / Mrs / Miss / Ms)		
Name		
Address		
Postcode		
Status (passanger/driver/padestrian etc)		

Section 9 - Persons Injured		
	Injured person 1	Injured person 2
Title (Mr / Mrs / Miss / Ms)		
Name		
Address		
Postcode		
Nature of Injury		
Seat belt used	Yes No	Yes No
Hospitalised	Yes No	Yes No
Status (passanger/driver/padestrian etc)		

Number of passengers in your vehicle	Number of passengers in other vehicle
--------------------------------------	---------------------------------------

**I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects and request you to deal on my/our behalf with any claims which may arise out of the incident in accordance with the terms and conditions of the insurance.**

Signature of insured \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If the Insured is a Company or Firm, the official stamp must be used together with the status of the person signing.**