

MOTOR ACCIDENT CLAIM FORM



Policy Holder Details	Company Name:		Contact:		
	Underwriter:		Policy Number:		
	Address:		Phone:		
	Are you VAT registered?	Yes	No		
	<i>Please attach photos or video, of the damage to any vehicles and of the incident location.</i>				

Insured Vehicle	Registration	Make & Model	Engine/Haulage Wgt/Bus Seats	Body Type	Year	Colour	
	Date of First Registration:			Chassis Number:			
	Are you the registered owner/keeper of the vehicle?			Yes	No		
	Has the vehicle been modified?	Yes	No	Please Specify:			
	Was a trailer attached?	Yes	No				
	Were any goods being carried?	Yes	No	Please Specify:			
	Is the vehicle subject to a finance, hire purchase or lease agreement?				Yes	No	
	State fully the purpose for which the vehicle was being used?						

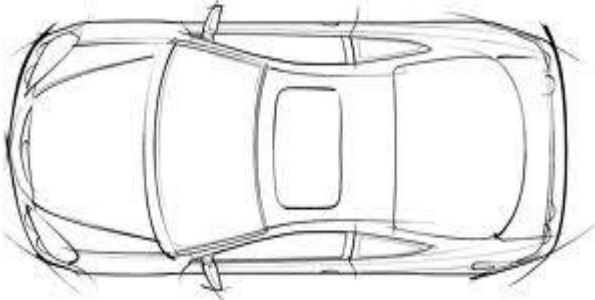
Driver Details	Driver Name:	Date of Birth:				
	Home Address:					
	Occupation:	Phone Number:				
	Licence Number:	Licence Type:				
	Was the driver licensed to drive the vehicle?	Yes	No	Date Driving Test Passed for this Vehicle Type:		
	Was the vehicle being driven with the owner's permission?				Yes	No
	In the last five years, has the driver;					
	a) Had any insurance cancelled or refused?				Yes	No
	b) Had a driving licence cancelled, suspended or endorsed?				Yes	No
	c) Committed or been charged with or convicted of any criminal or traffic offence (other than parking)?				Yes	No
d) Had any previous accidents or made a claim on a motor vehicle insurance policy?				Yes	No	
e) Suffered from any physical defect or disability?				Yes	No	
Further Details:						

Accident Details	Incident Date:	Time	am/pm
	Location:		
	Weather:		Visibility:
	Speed Limit on Road:	mph	What lights were lit on the vehicle?
	Speed Before the Accident:	mph	Were there any road signs?
	Speed at the Moment of Accident:	mph	Distance from kerb/verge?
	Who do you think was to blame and why?		
	Did the police attend?		Was any driver charged?
	Police Officer's Name/Number:		
	Name of the Officers Police Station:		
	Incident Number:		

Other Vehicles Involved	Name & Address of Driver and/or Owner	Registration & Make/Model	Insurer Name & Policy Number	Apparent Damage (Include Photos when possible)

Statement	Driver's Statement – <i>State how the accident occurred and with what objects your vehicle came into contact.</i>

Sketch	<p>Please Provide a Sketch of the Accident Here <i>Where possible include details of the roads, road markings, signs, any vehicles involved and the direction of their travel.</i></p>
	Empty space for sketch

Damage To Your Vehicle	<p>What damage was caused to your vehicle?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
	<p>Repairers name, address & phone number:</p> <p>.....</p>		
	<p>Where may the damaged vehicle be inspected:</p> <p>.....</p>		
	<p><i>In all cases, where your vehicle is damaged and you are entitled to claim under the policy, please attach three estimates for the repairs.</i></p>		
	Empty space for additional notes		

Your Passenger Details	Name & Address	Phone Number	Injuries

Third Party Injuries	Name & Contact Details	Registration of Vehicle That They Were In

Witness Details	Name	Address	Phone Number

Property Damage (Not Vehicles)	Name & Address of Owner:
	Nature of the Damage:

Declaration	Have you or your driver made (or in the process of making) a claim upon any third party?	Yes	No
	Has any claim been made against you?	Yes	No
	Is yes, is the claim verbal or in writing:		
	<p>Any communications that you receive about the incident should not immediately be answered by you but sent to BBA Insurance or the insurer/underwriter.</p> <p>Insurers maintain a Motor Insurance Anti-Fraud & Theft Register and exchange information with each other to prevent fraudulent claims.</p> <p>I hereby declare that to the best of my knowledge and belief the above statements are true and that any admission of liability or settlement is solely at the discretion of the insurance company.</p>		
	<u>Signed by the Driver</u>	<u>Signed for the Company</u>	
Signature: _____	Signature: _____		
Name & Position: _____	Name & Position: _____		
Date: _____	Date: _____		