

# ACCIDENT REPORT FORM

14 – 16 Ivegate, Yeadon Leeds LS19 7RE  
Tel No. 0113 2506614 - Fax No. 0113 3879799



Please make sure that you complete ALL sections of the form correctly

**POLICY INFORMATION**

Policy Number \_\_\_\_\_

Name of Policyholder in full \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel Number \_\_\_\_\_

VAT Registered YES / NO If YES, % recoverable \_\_\_\_\_

**VEHICLE DETAILS**

Registration number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Has the vehicle been modified from manufacturer's standard? YES / NO If YES, give details \_\_\_\_\_

Do you own the vehicle? YES / NO If NO, give details \_\_\_\_\_

Does an HP or leasing company have an interest in the vehicle? YES / NO If YES, give details \_\_\_\_\_

Who is the registered keeper? \_\_\_\_\_

**DETAILS OF ACCIDENT**

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Who do you believe was at fault for the accident? \_\_\_\_\_ Speed of your vehicle prior to impact \_\_\_\_\_

Weather Conditions \_\_\_\_\_

Brief Details \_\_\_\_\_

Did anyone take photographs at accident location YES / NO Number of passengers in your vehicle \_\_\_\_\_

**DRIVER DETAILS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Date passed driving test for vehicle given \_\_\_\_\_

\_\_\_\_\_ Motor claims in last three years (if none, state none) \_\_\_\_\_

\_\_\_\_\_ Motoring convictions/pending convictions in last three years

Details of any medical conditions \_\_\_\_\_ (if none, state none) \_\_\_\_\_

Tel Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Occupation \_\_\_\_\_

**USE OF THE VEHICLE**

Please state the exact purpose for which the vehicle was being used at the time of the incident ('Private' is not sufficient)

\_\_\_\_\_

**DAMAGE TO YOUR VEHICLE**

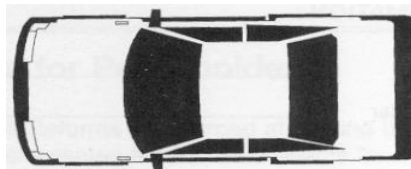
Vehicle Type Car  Van  HGV  Coach

None  Minor

Serious  Vehicle immobile

Brief description of damage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate areas of damage with XXXXXXXXX



**Repairs to your vehicle**

A) Insurers approved repairer?

B) To use own garage?

If b, please forward an estimate for the repairs

**OTHER VEHICLE INVOLVED**

Make / Model / Colour \_\_\_\_\_

Registration number \_\_\_\_\_

Driver's name and address \_\_\_\_\_

Owner's name and address \_\_\_\_\_

\_\_\_\_\_

Telephone Number Home \_\_\_\_\_

Mobile \_\_\_\_\_

Insurance company name and address \_\_\_\_\_

Policy number \_\_\_\_\_

Brief description of damage \_\_\_\_\_

Number of Passengers in other vehicle \_\_\_\_\_

**WITNESSES**

**Witness 1**

Name and address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness 2**

Name and address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did police attend? YES / NO

Was anybody injured (other than driver) YES / NO

PC name/number, police station etc. \_\_\_\_\_

Details \_\_\_\_\_

Was anybody cautioned, breathalysed? YES / NO

Did Ambulance attend? YES / NO

Details \_\_\_\_\_  
\_\_\_\_\_

Signature of policyholder \_\_\_\_\_ Date \_\_\_\_\_  
(or authorised signatory)

