

ACCIDENT REPORT FORM

14 – 16 Ivegate, Yeadon Leeds LS19 7RE
Tel No. 0113 2506614 - Fax No. 0113 3879799
Claims Dept No. 03303 335099

marshall wooldridge

Chartered Insurance Brokers

POLICY INFORMATION

Name of Policyholder in full _____
Address _____

Tel Number _____ Email address _____
VAT Registered YES / NO If YES, % recoverable _____

VEHICLE DETAILS

Registration number _____ Make _____ Model _____

DETAILS OF ACCIDENT

Date _____ Time _____ Location _____
Speed of your vehicle prior to impact _____ Is any dash-cam footage available? YES / NO

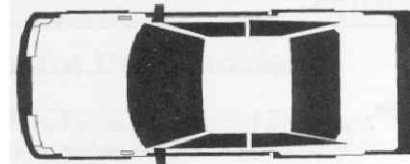
DRIVER DETAILS

Name _____ Date of Birth _____
Date passed driving test for vehicle given _____ Details of any medical conditions _____
Give details of **ALL** motoring convictions irrespective of date Occupation _____
And also details of **ALL** prosecutions pending. Mobile Number _____
(if none, state none)

DAMAGE TO YOUR VEHICLE

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 & images of the damage

OTHER VEHICLE INVOLVED

Make / Model / Colour _____

Registration number _____ Driver's name and address _____
Owner's name and address _____

Telephone Number _____ Brief description of damage _____
Number of Passengers in other vehicle _____

WITNESSES

Name _____ Address _____ Telephone number _____
Name _____ Address _____ Telephone number _____

DRIVER'S STATEMENT

I (name).....

of (address).....

.....

Telephone number (own).....(other contact no).....

do make this statement following a road traffic accident on (date) with the third party I now

know as (name).....

of (address).....

THE FACTS

(In your own words, tell us exactly what happened including details of cars involved, weather conditions, visibility etc.)

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SKETCH OF ACCIDENT LOCATION

STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true.

Signature:.....

Date:

Print Name.....