MOTOR ACCIDENT REPORT FORM
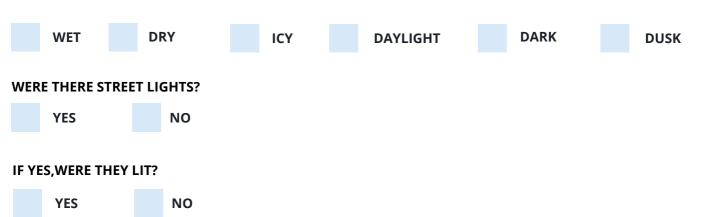
LION
Insurance Consultants

1 POLICY HOLDER

COMPANY NAME

BUSINESS ADDRESS

POSTCODE

TELEPHONE NUMBER

PRECISE OCCUPATION(S) (PART/FULL TIME)

IS THE VEHICLE OWNER VAT REGISTERED?

☐ YES ☐ NO

2 DETAILS OF ACCIDENT

DATE

TIME

PLACE

SPEED LIMIT

DID THE OFFICER TAKE DETAILS?

☐ YES ☐ NO

WAS ANY OF INTENT TO PROSECUTE GIVEN?

☐ YES ☐ NO

IF YES, STATE OFFICERS NO,STATION AND DETAILS OF WARNING

MOTOR ACCIDENT REPORT
FORM

ROAD CONDITIONS:

☐ WET　　☐ DRY　　☐ ICY　　☐ DAYLIGHT　　☐ DARK　　☐ DUSK

WERE THERE STREET LIGHTS?

☐ YES　　☐ NO

IF YES, WERE THEY LIT?

☐ YES　　☐ NO

3　DETAILS OF OTHER PARTIES INVOLVED

NAME/ADDRESS OF OWNER/DRIVER & CONTACT NUMBER	REGISTRATION NUMBER	INSURERS	POLICY NUMBER	APPARENT DAMAGE

MOTOR ACCIDENT REPORT FORM

4 PERSONS INJURED

NAME/ADDRESS (DRIVER.FRONT,REAR PASSENGER OR PEDESTRIAN)	APPARENT INJURY	REGISTRATION NUMBER	SEAT BELT IN USE?	TAKEN TO HOSPITAL?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

5 **WITNESSES**

NAME/ADDRESS/PHONE NUMBER	AGE (IF UNDER 18)	YOUR PASSENGER?	
		☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO

LION
Insurance Consultants

6   **DESCRIPTION OF ACCIDENT**

WHO WAS RESPONSIBLE FOR THE ACCIDENT AND WHY?

7   DRIVER/USER

MR/MRS/MISS/MS

FORENAME(S)

TELEPHONE NUMBER

SURNAME

AGE

DATE OF BIRTH (DD/MM/YYYY)

HOME ADDRESS

POSTCODE

DATE LICENCE OBTAINED

PRECISE OCCUPATION (S) (PART/FULL TIME)

D.HAS THE DRIVER

I. ANY PHYSICAL OR MENTAL DEFECT, IMPAIRMENT OF SIGHT/HEARING DIABETES OR EPILEPSY?

☐ YES   ☐ NO

II. ANY MOTORING CONVICTIONS IN THE LAST 5 YEARS, OR ARE THERE ANY PROSECUTIONS PENDING OR POLICE OUTSTANDING (INCLUDING FIXED PENALTY OFFENSE)?

☐ YES   ☐ NO

IV.ANY CRIMINAL CONVICTIONS (OR BEEN CHARGED WITH CRIMINAL OFFENCE BUT NOT YET TRIED)?

☐ YES   ☐ NO

V. ANY COUNTRY COURT JUDGEMENT REGISTERED AGAINST HIM/HER IN THE PAST 6 YEARS OR DEFAULTED ON ANY CREDIT AGREEMENT (INCLUDING LOANS)?

YES ☐   NO ☐

IF YES TO QUESTION I TO V, GIVE DETAILS

8   DETAILS OF VEHICLE AND USE

MAKE

MODEL

CUBIC CAPACITY

COLOUR

REGISTRATION NUMBER

YEAR

MOTOR ACCIDENT REPORT FORM

A. WHAT IS THE PRESENT MILAGE OF THE CAR?

WHAT IS THE ANNUAL MILEAGE

ESTIMATE OF CURRENT VALUE

B.STATE THE EXACT REASON FOR THE JOURNEY

C. TRAVELLING FROM

TO

D.HAS THE VEHICLE BEEN MODIFIED/ ALTERED?　　YES　　NO

E.WAS THE VEHICLE BEING USED IN CONNECTION WITH THE OCCUPATION OF THE POLICYHOLDER OR DRIVER?

　　YES　　NO

F.DOES THE POLICYHOLDER OWN OR HAVE THE USE OF MORE THAN ONE VEHICLE?

　　YES　　NO

IF YES, TO QUESTIONS D,E,F, GIVE DETAILS, INCLUDING POLICY NO AND NAME OF INSURERS OF OTHER VEHICLE

G. IS THE POLICYHOLDER THE OWNER AND REGISTERED KEEPER?

☐ YES   ☐ NO

IF NO, STATE NAME AND ADDRESS OR OWNER/REGISTERED KEEPER OWNER;S INSURERS AND POLICY/CERTIFICATE NO

H. IS THE POLICYHOLDER THE MAIN USER OF THE USER OF THIS VEHICLE?

☐ YES   ☐ NO

IF NO, GIVE DETAILS

9   DAMAGE TO VEHICLE

OUR APPROVED REPAIRERS HAVE AUTHORITY TO COMMENCE REPAIRS IMMEDIATELY. CONTACT YOUR BROKER/AGENT FOR DETAILS.

ALTERNTIVELY, SUBMIT A REPAIR ESTIMATE.

A. IS THE VEHICLE DRIVEABLE?   ☐ YES   ☐ NO

B. EXTENT OF DAMAGE;

☐ NONE   ☐ MINOR   ☐ EXTENSIVE   ☐ BEYOND REPAIR

BRIEF DETIALS OF DAMAGE

C.PRESENT LOCATION OF VEHICLE

IF VEHICLE IS DAMAGED BEYOND REPAIR WE MAY MOVE IT TO SAFE STORAGE- PLEASE REMOVE PERSONAL EFFECTS

9 **DECLARATION**

I DECLARE THAT TO MY BEST OF MY KNOWLEDGE AND BELIEF THE DETAILS GIVEN ARE TRUE. I UNDERSTAND THAT IF FRAUDULENT MEANS INCLUDING INFLATION OR EXAGGERATION OF THE CLAIMS ARE USED, ALL BENEFITS UNDER THE POLICY SHALL BE FORFEITED AND CRIMINAL PROCEEDING MAY ENSUE. IF THE VEHICLE IS BEYOND REPAIR I AUTHORISE REMOVAL TO SAFE STORAGE, SUBJECTS TO POLICY COVER. I AUTHORISE YOU/YOUR SOLICITORS ON MY BEHALF TO MAKE ENQUIRIES/ADMISSIONS/SETTLEMENTS AND GIVE CONSENTS AS MAY BE CONSIDERED NECESSARY FOR THE DISPOSAL OF SUCH CLAIMS AND LITIGATION ARISING. I AUTHORISE THE RELEASE OF MY DVLA RECORDS.I UNDERSTAND YOU MAY SEEK INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I HAVE PROVIDED.

SIGNED (POLICYHOLDER)

SIGNED (DRIVER)

DATE (DD/MM/YYYY)