

# ACCIDENT REPORT FORM

Amlin House, Parkway, Chelmsford, Essex CM2 0UR  
Tel: 01245 396396 Fax: 01245 396225

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

<b>POLICY INFORMATION</b>		Claim Number _____
Policy Number _____		Policy Cover _____
Name of Policyholder in full _____		Excess _____
Address _____ _____		Renewal Date _____
Tel Number _____		
VAT Registered YES / NO	If YES, % recoverable <input type="text"/>	

<b>VEHICLE DETAILS</b>		
Registration number _____	Make _____	Model _____
Date of registration _____	Current value _____	Mileage _____
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? _____		

<b>DETAILS OF ACCIDENT</b>		
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 _____		

<b>DRIVER DETAILS</b>	
Name _____	Date of Birth _____
Address _____ _____	Date passed driving test for vehicle given _____
_____	Motor claims in last three years (if none, state none) _____
Details of any medical conditions _____	_____
Tel Number _____	_____
Mobile Number _____	_____
Occupation _____	_____
	_____

<b>USE OF THE VEHICLE</b>
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**

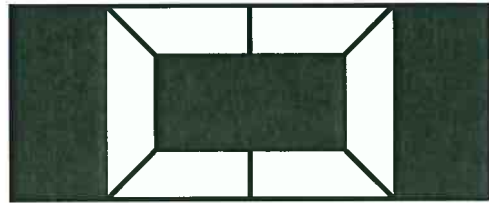
Vehicle Type Car  Van  HGV  Coach

None  Minor

Serious  Vehicle immobile

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

Indicate areas of damage with XXXXXXXXXX



**IS YOUR VEHICLE**

a) In use?  b) At AIS Approved Repairer?  c) Elsewhere?

If b or c, state location address of vehicle \_\_\_\_\_

If vehicle is beyond repair can Underwriters move it to free storage YES / NO

**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**

**In your vehicle**

Name and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Independent**

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 \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

1. I/We authorise Amlin Insurance Services and their appointed solicitor to deal with any claim on my/our behalf as they see fit. I/we undertake to provide whatever assistance I/we are able to give as may be required by Amlin Insurance Services.
2. I/we believe that the above statements are true to the best of my/our knowledge and belief.
3. I/we have read and understood the declarations above.
4. I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

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

**Important notice**

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). 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 registers.



## Driver's Statement - Notes for Policyholders

The civil justice system in the UK is aimed at making the resolution of disputes quicker, cheaper and simpler by shortening time limits available for investigation and promoting earlier settlements.

In order for insurers to deal with claim speedily and effectively they and the appointed solicitors will rely on information contained within the accident report form. The purpose of the statement required on the previous page is to record details about the circumstances of the accident.

The Statement should be hand-written by the driver of the vehicle after he has read and understood the following notes:

1. The driver of the vehicle at the time of the accident should complete this Statement as soon after the accident as possible, while the incident is still clear in their mind.
2. The driver should complete his/her full name and address and give both their own telephone number and the telephone number of a family member in the event that we need to make contact and are unable to do so.
3. Make sure that the driver keeps the facts of the accident accurate and to the point. We want to establish what actually happened.
4. The driver should indicate who he/she believes is responsible for the accident and why (e.g. "I hold the other driver wholly responsible for the accident as he pulled out in front of me / drove into the rear of my vehicle/did not signal his intentions/was going too fast... etc. I am responsible as I was unable to stop before colliding with the rear of the vehicle in front.").
5. A sketch plan of the accident location will assist in showing the direction and point of impact of the vehicles, and will confirm the information on the report form.
6. The statement concludes with a 'Statement of Truth' i.e. a statement that the person signing the statement believes that the facts stated in it are true. If court proceedings are brought the solicitors appointed by your insurers will deal with those proceedings and will rely upon the information contained in this accident report form. The driver making the statement on the previous page of this accident report form must therefore understand that by signing the Statement of Truth, he is authorising the solicitor to sign on his behalf court documents which will contain the facts set out in the witness statement. This will therefore be treated as the driver's own statement and his belief that the facts stated are true. If it should subsequently appear that the driver did not have an honest belief in the truth of those facts then the driver will be liable to face proceedings for contempt of court.
7. The driver should sign and date this Statement.

**Please send the completed form as soon as possible to:**

**Amlin  
Claims Department  
Amlin House  
Parkway  
Chelmsford  
Essex  
CM2 0UR  
Tel – 01245 396396  
Fax – 01245 396225**