

Motor Accident / Theft Report Form

IN ALL CASES – COMPLETE SECTIONS A-D AND G

FOR ACCIDENTAL DAMAGE (including Fire, Malicious Damage, etc.) – COMPLETE SECTION E

THEFT (including Attempted Theft) – COMPLETE SECTION F

IF YOU ARE NOTIFYING AN INCIDENT AND DO NOT INTEND TO CLAIM UNDER THE POLICY
– PLEASE INDICATE THIS ON THE FIRST PAGE

Please return completed Report Form to:

claims@compucar-insurance.co.uk or fax to 0844 8000365

To avoid delay in dealing with your claim

- Complete the relevant parts of this form and return to the address shown above as soon as possible
- Ensure the information provided is clear, accurate, and complete
- Do not use dashes
- Quote your policy number on every communication until you are notified of the claim reference number
- Remember to sign and date the form
- Support the claim with any relevant estimates/invoices

Notes: For general guidance only;

Please refer to your policy documentation for the terms and conditions which apply to your policy.

Notification

You are required to give details of any accident, loss, or damage and all subsequent developments as soon as reasonably possible, even if you do not wish to claim under your policy.

Third Party Claims

Any Third Party communication or any legal document must be sent to us immediately and unanswered. You must not admit, deny, negotiate or promise to pay any claim without our written consent.

Theft of Vehicle

Most stolen vehicles are eventually recovered and restored to their owners, and it is normal to wait a reasonable period of time before settlement of the claim is finalised. You should complete and return this form to us as soon after the theft as possible, together with the following documents if applicable:

a) Vehicle Registration Document, **b)** Test Certificate, **c)** Purchase Invoice, **d)** Finance/Leasing Agreement, **e)** Plating Certificate, **f)** Servicing Documents, **g)** Vehicle Keys (all sets).

Uninsured Losses

If you incur loss or expense not covered by your policy – e.g. policy excess – you may pursue recovery from any person responsible for the accident. If you have legal assistance, or uninsured loss recovery insurance, you may be able to obtain help with recovery.

Premium

Making a claim may affect your No Claim Discount or renewal premium. In some cases a No Claim Discount may be reinstated, e.g. if we make a full recovery of our outlay and if you recover, in full, any uninsured losses.

IF YOU DO NOT WISH TO CLAIM UNDER THE POLICY AND ARE PREPARED TO DEAL WITH ALL CLAIMS ARISING FROM THE ACCIDENT/LOSS YOURSELF NO MATTER WHAT THE OUTCOME, PLACE A TICK IN THE BOX PROVIDED IN THE SECTION ENTITLED "DECISION NOT TO CLAIM" AND COMPLETE ALL OTHER RELEVANT SECTIONS.

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.

Note: Please use separate sheet(s) of paper to respond to questions if there is insufficient space on the form.

Decision not to Claim

Do not wish to claim under the policy, Yes No

Please complete all other relevant sections. Then sign and date the declaration.

A. Policyholder

Name

Policy number

Address

Post Code

Claim reference (if known)

Business or occupation

Telephone number

VAT registered? **YES** **NO**
If **YES** state rating (full, partial or exempt).

% if partial

B. Person Driving or In Charge of the Insured Vehicle

Full Name

Date of Birth

Address

Post Code

Occupation

Telephone number

Relationship to policyholder (e.g. employee)

Details
Including groups covered and current period of any other licences held (e.g. HGV 1/2/3, PCV)

Driving licence held? **FULL** **PROV**

Is vehicle driver/person in charge the main user? **YES** **NO**
If **NO** please detail:

Date UK driving test passed

- | | | |
|-----------|--|--|
| 1. | Has the driver or person in charge of the vehicle had any other accident, loss or claim in connection with any motor vehicle during the past 5 years? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. | Has he/she been convicted of any offence (including fixed penalty notices) in connection with any motor vehicle during the last 5 years? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. | Has the driver's licence been suspended or the driver disqualified at any time? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. | Has the driver had any condition which could affect fitness as a driver e.g. diabetes, epilepsy heart condition, physical or mental illness or disability? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If you have answered **YES** to any of the above, please give details below:

Use separate sheet if necessary

C. Insured Vehicle

Reg number	Make/model	Year of manufacture	CC
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GVW if applicable	Date first registered	Date of purchase	Chassis number
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Purchase price	Estimated current value	Type of body (e.g. Refrig/Tipper)	Seating capacity
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Name & address of owner
Post Code

Name & address of registered keeper
Post Code

If vehicle is the subject of any hire, lease or finance agreement (including hire purchase). please give details:

Are safety belts fitted to every seat? YES NO

If NO give details:

Commercial Vehicles Only

Operator's Licence Details

D. Use of the Insured Vehicle

State the exact purpose for which the vehicle was being used ("Business" or "Private" is not sufficient)

Was vehicle used with policyholder's knowledge & consent? YES NO

If NO please detail:

Number of passengers being carried (excluding driver)

Relationship of passengers to driver (e.g. employee)

Detail of load (including weight), Name & address of owner
Post Code

Detail of any trailer, Name & address of owner
Post Code

Was tachograph in operation? YES NO

E. Accident

Date & time

Was it: DAY LIGHT DARK

Was street lighting in operation? YES NO

Weather conditions/condition of road surface?

What speed limit was in force?

Location: Street/Town/County

Were Police involved? YES NO

If YES give Police officers name, number and station.

Do you accept that you were responsible for the accident? YES NO

Give description of accident (include details of statement of blame or admission of liability and by whom). Sketch layout of road(s) and show approximate measurements; names of roads; position of vehicles and persons involved; the direction in which vehicles travelling; the registration marks of all vehicles (where known); any road markings, road signs, traffic lights, street lights, pedestrian crossing and any other relevant information.

Use separate sheet if necessary

Witness details		
Name	Address	Where was the witness?
<input type="text"/>	<input type="text"/>	<input type="text"/>

	Insured vehicle	Third party vehicle 1	Third party vehicle 2
		Reg number: Make & model:	Reg number: Make & model:
What was the speed immediately before impact of:			
What warnings/signals were given by driver of:			
What lights were operating on:			
Indicate by an arrow the point of initial impact on:			
Details of damage			
Name and address of third party			
Name, address and reference of third party insurer			

Is insured vehicle still in use? YES NO

If YES is an estimate attached? YES NO

If insured vehicle is NOT in use, where is it now?

Who should we contact to make a vehicle inspection appointment?

If necessary, may vehicle be moved to approved repairer? YES NO

Details of other property involved: (If no other property was involved please write 'NONE')

Name & address of owner	Details of property	Apparent Damage

Persons injured: (If no one was injured please write 'NONE')

Name & address	Age (approx)	State (if driver/passenger/pedestrian)	Apparent injuries	Safety belt worn?
		Reg No (if applicable)		

F. Theft

When & where was the vehicle last seen?

When was the theft vehicle discovered?

Was vehicle in a locked garage? YES NO

Was vehicle locked, security devices in operation & ignition key removed? YES NO

Give details of what happened

Give details of anything that has been recovered

Who last saw the vehicle?
Name & address

Tel No

By whom was the theft vehicle discovered?
Name & address

Tel No

What has been stolen?

Give details of any damage

If vehicle has been stolen and not recovered please give details of:

Road Fund Licence
Date of issue:
Date of Expiry:

When was vehicle last serviced?
Mileage:

when were tyres last purchased for vehicle?

Security - Alarm/Tracker/Immobiliser (delete appropriate)
Make: Model:

Mileage
At time of purchase:
at time of theft:

Mileage of vehicle in last 12 months
Business: Personal:

Entertainment equipment fitted
Make: Model:

Give details of any extra fitted to vehicle

Give details of any other recent expenditure on vehicle

Was theft reported to the Police? YES NO

If YES give Police officers name, number and station.

Crime Reference:

Property stolen from the insured vehicle/trailer: (If policy cover provided)			
Name & address of owner	Description of articles stolen (send receipts if available, otherwise state where & when acquired & price paid)	Replacement price	Amount claimed (allowing for wear & tear)

G. Declaration

I/We hereby declare that the information given is true to the best of my/our knowledge and belief.

I/We agree to give any further information required.

I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Policyholder

Job Title/Position: _____ Date: _____

Signature of driver or person in charge of vehicle

Date: _____