

# Accident Report Form



Please answer ALL questions fully, ticking boxes where required and providing additional information where necessary. Please use a separate sheet if needed.

## SECTION 1: Policyholder's details (Please complete in BLACK INK)

Policy Number:	Claim Number:
Name and Address:	Home telephone number:
	Work telephone number:
Postcode:	Mobile telephone number:
Date of birth:	Fax number:
E-mail address:	Are you VAT registered?    yes <input type="checkbox"/> no <input type="checkbox"/>

In what country was your driving licence issued? \_\_\_\_\_ Is your licence? full  provisional

Do you have: a full time occupation? (If yes please give details) \_\_\_\_\_  
 a part time occupation? (If yes please give details) \_\_\_\_\_  
 any paid hobbies? (If yes please give details) \_\_\_\_\_

Have you had any motoring conviction, fixed penalty, points on your licence or been disqualified from driving in the past 5 years? . . . . . yes  no

If yes, please give details \_\_\_\_\_

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? . . . . . yes  no

If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary. \_\_\_\_\_

## SECTION 2 Details of driver or last person in charge of car (if policyholder go to section 3)

Name and Address:	Home telephone number:
	Work telephone number:
Postcode:	Mobile telephone number:
Date of birth:	Fax number:
E-mail address:	Are you VAT registered?    yes <input type="checkbox"/> no <input type="checkbox"/>

Were you driving with the owner's consent? . . . . . yes  no

In what country was your driving licence issued? \_\_\_\_\_ Is your licence? full  provisional

Do you have: a full time occupation? (If yes please give details) \_\_\_\_\_  
 a part time occupation? (If yes please give details) \_\_\_\_\_  
 any paid hobbies? (If yes please give details) \_\_\_\_\_

Have you had any motoring conviction, fixed penalty, points on your licence or been disqualified from driving in the past 5 years? . . . . . yes  no

If yes, please give details \_\_\_\_\_

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? . . . . . yes  no

If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary. \_\_\_\_\_

## SECTION 3 Car being driven by person in section 1 or 2

Make	Model	Engine size	Year manufactured	Registration	Purchase price	Current value	Current mileage

Is the car imported? . . . . . yes  no

Does the car have a personal registration? . . . . . yes  no

Has the car been modified from the manufacturer's standard specification? (Please include optional extras) . . . . . yes  no

Is the policyholder the registered owner? If no, please state name of owner and the relationship to the policyholder . . . . . yes  no

What was the car being used for at the time of the incident? Please give full details \_\_\_\_\_

Who did you buy the car from? \_\_\_\_\_ Date bought \_\_\_\_\_

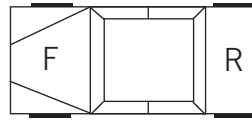
Is there any hire purchase finance outstanding on the car? If yes, please give name, address and telephone number of company . . . . . yes  no

## SECTION 4 Damage to your car and repair details

Mark the point of impact with an arrow and the damaged area with an 'X'

Where is the car now? \_\_\_\_\_

When was it recovered? (date and time) \_\_\_\_\_



Can the car be driven?

yes  no

## SECTION 5 About the accident (if you need more room for any answers please use a separate sheet)

Please provide the details of all OTHER parties and vehicles involved in the incident

Name, address and telephone number	Vehicle type and registration	Brief description of damage	Insurer's name, address and policy number

Please provide the details of all people injured in the accident

Name and address:	Name and address:
Occupation:	Occupation:
Age:	Age:
Seatbelt worn (please circle)    yes / no / unknown	Seatbelt worn (please circle)    yes / no / unknown
Type of injury:	Type of injury:
Detained in Hospital (please circle) yes / no	Detained in Hospital (please circle) yes / no
Which hospital:	Which hospital:
Were they (please circle) a pedestrian / in your car / in another vehicle / cyclist?	Were they (please circle) a pedestrian / in your car / in another vehicle / cyclist?

Please provide the names and addresses of all passengers and independent witnesses (please circle whether passenger or witness)

Name and address:                      Passenger / witness	Name and address:                      Passenger / witness	Name and address:                      Passenger / witness

Please provide full details about the accident

Date and time of accident:	Please describe what happened: Use an additional sheet if required	Please give a brief sketch of the accident, indicating road names and direction of travel. Use an additional sheet if required
Your speed:		
Speed of other vehicle:		
Did the police attend the accident?    yes/no		
Police officer's name:		
Police Station:		
Telephone number:		
Incident location:		
Will a prosecution result from the incident?		
Yes/no (please circle) If yes, please give details:		

### DECLARATION

I hereby declare the above details are correct, whether I, the policyholder have completed the form or someone on my behalf. I agree to forward to Bell immediately on receipt, any unanswered correspondence including any summons or writ in connection with this incident. In the event of my car being declared a total loss, I give permission for its removal to a place of storage. I understand that it is my responsibility to remove any personal belongings from my car before leaving it at a garage premises. I agree that if my policy is cancelled and a claim has been made, the full premium is due. If my car is a total loss and the damage is covered under my policy, you will deduct any outstanding premium including outstanding instalments from my settlement figure. I request Bell to deal on my behalf with any third party claims arising out of this incident, and to make such admissions of liability and of negligence, as is thought fit. I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

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

Policyholder's signature  \_\_\_\_\_ Date \_\_\_\_\_