

CIRCUMSTANCES OF ACCIDENT (CONTD.)

Was the insured driver's view obstructed in any way? YES NO If 'YES', please give details

How far away was the other party when first seen by the driver?

What signals were given by the insured driver? (Horn, hand, indicators, lights)

What lights were operating on insured's vehicle?

Do you consider yourself to blame? (Partly, Fully, Not to blame)

Did any party (including yourself) admit liability verbally or in writing at the scene? YES NO If 'YES', please give names

Were alcohol/drugs in any way a contributing factor to the accident? YES NO If 'YES', please give details

Point of impact - to your vehicle

Point of impact - to other vehicle

SKETCH

Please provide a clear sketch of the accident scene. Where possible, include details of the roads, road markings, road signs, vehicle(s) involved and direction(s) of the vehicle(s).

WITNESS(ES) (INCLUDING ALL YOUR PASSENGERS)

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state if driver, passenger, cyclist, pedestrian, motorcyclist or pillion passenger

If passenger, in which vehicle?

State number of passengers in insured vehicle

DRIVER

Mr/Mrs/Ms	Name	Home Telephone Number
Postal Address		Work Telephone Number
Date of Birth / /		Driving licence-Full/Provisional
		Category(ies)
		Driving Licence Number
		First Provisional Licences YES <input type="radio"/> NO <input type="radio"/>
		Expiry Date
State business or occupation		
Did the driver have the policyholder's permission to drive the vehicle? YES <input type="radio"/> NO <input type="radio"/> If 'NO', explain why not		
Is the driver the main user of the vehicle? YES <input type="radio"/> NO <input type="radio"/> If 'NO', state proportion of use		
Was the driver separately insured under any other motor policy on the date of the accident? YES <input type="radio"/> NO <input type="radio"/> If 'YES', please give name of insurance company, policyholder and policy number		
Does the driver suffer from diabetes, epilepsy, heart condition or any other medical condition? YES <input type="radio"/> NO <input type="radio"/> If 'YES', please give details		
Has the driver ever been convicted of a motoring offence or had any previous accidents? YES <input type="radio"/> NO <input type="radio"/> If 'YES', please give details		

INSURED VEHICLE

Vehicle Registration Number	Make	Model	HP/CC	Seating capacity of vehicle	If commercial: Carrying Capacity
State purpose for which the vehicle was being used. (Terms such as social, domestic & pleasure are not sufficient)					
Where is the vehicle usually kept?					
Were goods being carried at the time of the accident? YES <input type="radio"/> NO <input type="radio"/> If 'YES', please give details					
In whose name was the vehicle registered at the time and date of the accident?					
Is the vehicle solely owned by the registered owner? YES <input type="radio"/> NO <input type="radio"/> If 'NO', give details and submit the vehicle registration documents with this form					
Does any financial institution or hire purchase company have an interest in the vehicle? YES <input type="radio"/> NO <input type="radio"/> If 'YES', please give name/lease/hire purchase ref. number					
Name:			Ref No.:		
Has the vehicle been modified or altered from the maker's specification, including any adaptation for disability? YES <input type="radio"/> NO <input type="radio"/> If 'YES', please give details					
Where may the vehicle be inspected?			Estimated cost of repair		
Please specify time and phone number			Nature of damage sustained		

DETAILS OF OTHER VEHICLE(S) OR PROPERTY INVOLVED

Name of owner			
Address			
Name of driver			
Vehicle Reg. No.			
Make of vehicle			
Nature of damage			
Insurance Company			
Policy Number			

PERSONS INJURED

Name			
Address			
Age			
Occupation			
Injury details			
Hospitalised?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
No. of days detained	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of hospital (if known)			
Please state if driver, passenger, cyclist, pedestrian, motorcyclist or pillion passenger?			
<input type="text"/>			
In which vehicle?			
<input type="text"/>			
Were seatbelts worn?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>

DECLARATION

Note: Any correspondence or Notices of Prosecution, and/or Summons or Legal Proceedings must be forwarded, unanswered, immediately.
 I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident. I/We authorise the Company to instruct my/our repairers on my/our behalf to undertake such repairs to my/our vehicle as may be agreed.

Signature	Date
<input type="text"/>	<input type="text"/>