



## MOTOR ACCIDENT REPORT FORM

### SECTION 1 - (ANSWER ALL IN UPPER CASES)

Policy Number:

Date of Accident: DD / MM / YY

Vehicle Registration:

Time of Accident HH : MM AM PM

Title:

Full Name:

Present

Address:

(In full)

Tel Number:

Home

Business/Mobile

Email:

Date of Birth: DD / MM / YY

Yes No

Is a full driving licence held?

If 'Yes' date driving test passed: DD / MM / YY

Occupation (s):

Full Time

Part Time

Yes No

Is the insured registered for VAT/GST?

Is the vehicle owner registered for VAT/GST?

### Details of any previous accidents or losses sustained in connection with a motor vehicle (If NONE, state NONE):

Date:

Circumstances

DD / MM / YY

DD / MM / YY

### Details of all motoring convictions including fixed penalties and any pending prosecutions (If NONE, state NONE):

Date of conviction:

Offence/offence code:

Sentence/fine:

DD / MM / YY

DD / MM / YY

### Details of all other criminal convictions involving fraud or dishonesty e.g. shoplifting, arson (If NONE, state, NONE):

Yes No

Was the Policyholder driving or last in charge of the vehicle at the time of the Accident?

If 'Yes' please go straight to **SECTION 3**

If 'No' please complete **SECTION 2** and then go to **SECTION 3**

## SECTION 2 - PERSON LAST IN CHARGE OF VEHICLE

Title: Full Name:

Present

Address:  
(In full)

Tel Number:

Home

Business/Mobile

Date of Birth: DD/MM/YY

Occupation (s): Full Time

Part Time

**Details of any previous accidents or losses sustained in connection with a motor vehicle (If NONE, state NONE):**

Date: Circumstances

DD/MM/YY

DD/MM/YY

**Details of all motoring convictions including fixed penalties and any pending prosecutions (If NONE, state NONE):**

Date of conviction: Offence/offence code:

Sentence/fine:

DD/MM/YY

DD/MM/YY

**Details of all other criminal convictions involving fraud or dishonesty e.g. shoplifting, arson (If NONE, state, NONE):**

**How often does this person use the vehicle?**

Daily

Weekly

Monthly

Other

If 'Other' please state:

**What is the person's relationship to the insured? e.g. employee, son, daughter etc**

Yes No

Does this person have insurance of their own?

If 'Yes', please give Name and Policy No of insurer:

Insurer:

Policy number:

Yes No

Is a full driving licence held?

If 'Yes', please state date driving test passed: DD/MM/YY

## SECTION 3 - VEHICLE (ANSWER ALL IN UPPER CASES)

Make:

Model:

Colour:

GVW (commercial vehicles only)

Cubic Capacity

Engine number

Chassis/VIN number

Year of Manufacture

Mileage at date of accident

Yes No

Is the Policyholder the Main User of the Vehicle?

If 'No' please state who is below

Yes No

Is there any outstanding finance or hire purchase on the vehicle?

If 'Yes', please give name and address of the company below:

Yes No

Is the Policyholder the legal owner of the vehicle *and/or trailer*?

If, no please explain why and give name and address of registered owner:

Please give details of any alterations/modifications made to the vehicle:

Yes No

Is the vehicle still driveable?

What is the extent of the damage?

Where and when can the vehicle be inspected?

Yes No

Repair estimate attached?

In the event of your vehicle being uneconomical to repair,  
may we move it to a place of free storage in order to minimise storage charges?

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#### **SECTION 4 - ABOUT THE ACCIDENT** (ANSWER ALL IN UPPER CASES)

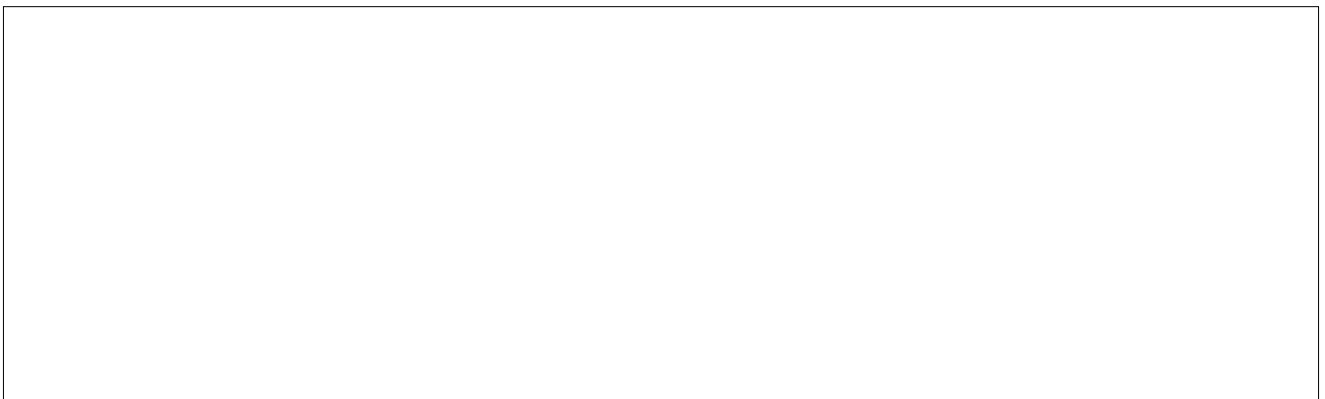
Exact location where Accident occurred: *(eg Road Name, Town or Parish)*

Please give full details of how the accident happened

It is helpful if you describe speed, signals given by all parties and weather conditions.

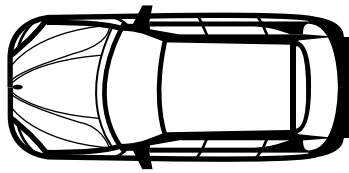
Please draw a diagram or sketch of the vehicle(s) in the accident.

Please try to show road markings, traffic lights, approximate road widths etc.

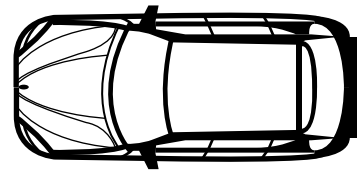


**Impact on your car**

Mark location of  
damage  
on diagram

**Impact on other vehicle**

Mark location of  
damage  
on diagram



What was the vehicle being used for, where was it going?

**Yes No**

Did the police attend the accident? Force/Station

If 'Yes', give details of Officer's Name & Police:

**Yes No Not applicable**

Were there any witnesses?

If 'Yes', please give their names and contact address/telephone:

Name

Address

Tel Number

**Yes No**

Was the driver injured?

If 'Yes', give details:

Were there any passengers? If so give details:

Name	Address	Telephone	Details of injury
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Were any other people involved in the accident?

Please give as much information as you can about any injuries & their damage.

Name, Address & Telephone	Vehicle Registration	Insurers/Policy No	Details of injury	Their Damage
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Self    Other

Who do you hold responsible for the accident?

If 'Other' please state why

## SECTION 5 - DECLARATION

I/We declare that the details given on the claim form are true and complete to the best of my/our knowledge and belief. I/We understand that if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit, all benefit under the policy shall be forfeited and criminal proceedings may ensue.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPROVED REPAIRERS

### Guernsey

#### Arc Southside

South Side  
Guernsey  
GY2 4QL  
01481 249318

#### TrustFord Guernsey

Bulwer Avenue  
St Sampsons  
Guernsey  
GY2 4LG  
Telephone: 01481 247072

#### Kenny Brouard Autobody Shop

Marion Place  
Port Grat  
Guernsey  
GY2 4TD  
Telephone: 01481 256939

#### La Villette Garage (Auto Glass Specialist)

Rue de la Villette  
Guernsey  
GY4 6QD  
01481 237577

### Jersey

Repairers differ depending on insurer, check your policy document.



NFU Mutual



MS Amlin

#### Cunningham Car Centre Total Service Station

La Route Des Quennevais  
St Brelade  
Jersey  
JE3 8FP  
Telephone: 01534 745824

#### TrustFord Jersey

La Rue Des Pres Trading  
Estate St Saviour  
Jersey  
JE2 8UR  
Telephone: 01534 636633

#### Martin Fernando Limited

La Rue De Pres Trading  
Estate St Saviour  
Jersey  
JE2 7QS  
Telephone: 01534 507873 or  
633150 or 873910

#### Seaton Garage (Auto Glass Specialist)

Hansford Ln  
First Tower  
Jersey  
JE2 3JL  
01534 860888

### Alderney

Please contact us for further instructions.

(Note: Our glass specialists are not part of our approved repairer network. But don't worry, they're trusted partners who do a great job with windscreen and window repairs)

**PLEASE OBTAIN ONLY ONE ESTIMATE FOR REPAIRS FROM AN APPROVED REPAIRER ON THE ABOVE LIST.**

Please note our approved repairers will provide a courtesy car while your vehicle is in for repair subject to availability.