

NAME OF INSURED							
ADDRESS						Postcode	
Present occupation and Tel. No's.		Home No.		Business No.			
Policy or Certificate No.		Broker or Agent					
DRIVER (or any person in charge of vehicle) Name: This information must be given in every case						Date of Birth	
Address						Postcode	
Licence particulars of driver (a) No. (b) Date test was passed		(a)		(b)			
(c) Groups (d) Is it provisional?		(c)		(d)			
If H.G.V. Licence held please give:—		No.		Groups		Expiry Date	
Driver's previous motoring convictions, offences (including fixed penalties) and any pending prosecutions. If None, state "NONE"		Date		Offence		Fine, endorsement etc.	
Does driver suffer from (or have a history of) any defective vision, physical infirmity or illness necessitating the use of drugs? If "Yes", please give details.		Yes		Details			
		No					
Was driver in your employ at the time of the accident?		No		Yes		If "Yes", give Date employment commenced	
Does driver own any other vehicle? If "Yes" give name of Insurer and Policy No.		No		Yes		Name of Insurer Policy No.	
Was vehicle being driven with owner's knowledge and permission?		No		Yes			
YOUR VEHICLE		Reg. No.		Year			
		Make & Model		Cubic Capacity			
		Colour		G.V.W. (Commercial Vehicle)			
Give details of any (a) Hire Purchase or other type of loan agreement or (b) leasing agreement		(a)		Name & Address of H.P. company or leasing company		Agreement Number	
		(b)					
Describe in full the purpose for which your vehicle was being used							
Who is the Legal Owner of the vehicle (and/or trailer)							
Give brief details of your damage							
Do you intend claiming for damage to your vehicle either (a) under your policy (if covered) or		(a)		Yes		No	
(b) yourself directly against the other party (the Society does not pursue recoveries on your behalf)		(b)		Yes		No	
If (a):— Have you notified details by telephone				Yes		No	
Please advise a convenient time (during office hours) and exact location of your vehicle so our Engineer may inspect it.		Time		Location			
May we move the vehicle to one of our approved repairers or in the event of it being uneconomical to repair, to a place of safe, free storage?		Yes		No			
Do you wish us to handle any claim which is made against you by other parties?		Yes		No			

(ANY CLAIM UNDER YOUR POLICY MAY PREJUDICE YOUR NO CLAIM DISCOUNT)

ACCIDENT DETAILS

Did police attend? If not were they informed? Give name and No. of Constable and address of station.

How far from near side kerb was your vehicle?

Width of road?

What road signs or warnings were:—

(a) on your road?

(b) on the other party's road?

What warning was given:—

(a) by you?

(b) by other party?

What lights were on:—

(a) your vehicle?

(b) other vehicle?

Were street lights illuminated?

Speed of your vehicle?

Weather conditions?

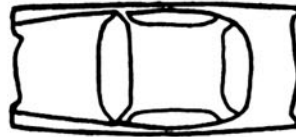
Was your vehicle travelling on the major road?

Which speed limit was applicable?

Have you seen or written to the claimant or any person acting on claimant's behalf?

Have you received any Summons or Notice of Intention to prosecute arising from this accident?

POINT OF IMPACT TO YOUR VEHICLE



OTHER OWNER/DRIVER

Name

Address

Make and No. of Vehicle

Insurers (name and address)

Policy No.

DETAILS OF INJURED PERSONS

(1)

Please give name, age and nature of injury

(2)

(3)

(4)

Were they wearing seat belts or crash helmets?

(1)

(2)

(3)

(4)

DETAILS OF DAMAGE TO OTHER PERSON'S VEHICLE OR PROPERTY

(1)

Please state owner and extent of damage

(2)

(3)

