

MOTOR INSURANCE REPORT FORM

Section 1 Your Details

Please complete
in all
circumstances →

Full Name(s)	
Address	
Postcode	
Occupation	
Telephone Day	Evening
Policy Number	

Are you VAT registered *insert Yes or No* If partially exempt, insert recovery %

Please complete
in all
circumstances →

Section 2 Your Vehicle Details

Make/Model		Reg no.	c.c.
Value	Mileage	Purchase Date	Year of Manufacture

Who is the registered owner of the vehicle?
Are you the main user of the vehicle? Insert YES or NO

If 'NO' please give name, age, address
& occupation of the main user and his/
Her relationship to you

Has the engine been modified in any way from manufacturer's
specification with a view to increasing performance? Insert YES or NO
If YES, please give details

Is the vehicle subject to an HP Agreement or a Leasing Contract Insert YES or NO

If YES, Name & Address of HP/
Leasing Company and
Account Number

Only complete
if your vehicle
has been
damaged →

Section 3 Your Vehicle Damage

Please describe the damage to your vehicle

Is the vehicle mobile? Insert YES or NO

If NO, where is the vehicle

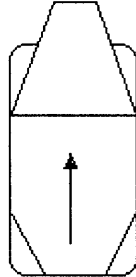
Address
Telephone Number

Have you instructed a garage to start repairs?


Insert YES or NO

If YES

Name
Address
Telephone Number



Please mark:
 1 Area of Impact
 2 Area of Damage

Please complete
 in all 
 circumstances

Section 4 Driver or Person Last in Charge of this Vehicle

Full Name	Date of Birth	/	/
Address			
Postcode			
Employer			
Full or Part Time?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	How long employed?

Has the driver had any motoring convictions/endorsements in the last 5 years or ban Yes/No
 In the last 10 years? If YES, give full details

Type of driving license held Full Provisional Date test passed

If provisional license please answer the following:

Name of Supervising Driver	
Address	Age
Post Code	Date test passed

What was the purpose of the journey?

Only complete if other motor vehicles or property have been damaged or involved in the incident

Section 6 Other Motor Vehicles or Property

	1	2
Owner/Drivers name		
Address		
Make & Reg No vehicle/details of property		
Damage		
Insurers (name, address & policy number)		

Only complete if persons have been injured

Section 7 Injured Persons

Name	Address	Injuries sustained	State if wearing seatbelt	If a passenger state in which vehicle

Please complete in all circumstances where there were witnesses to the incident

Section 8 Witnesses to Accident

Name	Address	If a passenger, state in which vehicle

Only complete if your vehicle has been stolen or there was attempted theft from your vehicle

Section 9 Theft Details

Did you remove the ignition key? Insert YES or NO
 If YES, who has the key now?

Were the doors/boot locked? Insert YES or NO

Was the vehicle garaged?

Insert YES or NO

Was a security device in operation?


Insert YES or NO

If YES, state type

Was the vehicle left unattended?

Note

Insurers pass information to the Claims and Underwriting Exchange Register run by Insurance Data Base Services Limited (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 accident or theft) which may or may not give rise to a claim. We will pass information relating to this to the registers.

Please complete
in all 
circumstances

Declaration

I/We declare the above statements are true and correct to the best of my/our knowledge and belief. I/We agree to provide the insurer with any further information or documentation as may be reasonably required.
I/We understand that you may ask IDSL or ABI for information they have received from other insurers to check the answer I/We have provided.

Signature of Driver (where other than Policyholder)	Date / /
Signature of Policyholder	