

Motor Incident Claim Form

Please complete this form fully; it is a condition of your policy to report all incidents as soon as possible even if you do not intend to make a claim.

Insured's Details	Date Form Completed –
Company Name:	Taylor Construction
Policy Number:	T789654321
Address (Main Office):	The Lock EC2 7HP
Address (Branch Office)	As above
Driver Details - Perm/PT/Agency:	Perm
VAT Registered and No. if applicable:	Yes
Tel :	Via Broker
Fax:	Via Broker
Email:	Via Broker
Driver/Last person to use	
Name:	John Paul
Address:	32 The Street GH78 8VV
Date of Birth:	22/05/1944
Date of employment with company:	22/05/2014
Previous accidents/claims/losses:	None
Licence Type and class:	Full UK
Date passed test (inc. HGV if applicable): Please Complete	05/08/2005
Previous convictions:	2 x SP30 – See copy of my driver licence
Any medical conditions reportable to DVLA:	None
Vehicle Details	
Make:	Ford
Model:	Transit
Registration: Please Complete	W123 ABC
Tonnage:	N/A
Special features/adaptions:	N/A
Current location:	Depot

HEAD OFFICE

No. 7, Braxted Park Estate
Witham
Essex
CM8 3GA

01621 890285

advice@consortinsurance.com

Point of impact:	Rear
Damage description:	Broken bumper and rear lights
Driveable/ Undriveable:	Driveable
Finance Details	
HP Company:	N/A
Address:	N/A
Agreement Number:	N/A
Telephone Number:	N/A
Incident Details	
Accident date and time:	12/06/2013
Incident type:	Third party hit rear of vehicle
Precise location:	The Street, GH70 8VV
Police reference:	N/A
Police details:	N/A
Purpose of journey:	Business
Speed:	Stationary
Passengers in Insured's vehicle	
Name, address and relationship to insured/driver :	None
Name, address and relationship to insured/driver:	None
Name, address and relationship to insured/driver:	None
Injured persons	
Name, address and relationship to insured/driver:	None
Name, address and relationship to insured/driver:	None
Name, address and relationship to insured/driver:	None
Third Parties:	
Name:	Mr Bump
Address:	89 Accident Street
Telephone Number:	01234 567890
Mobile Number:	0987654321
Work Number:	0765457528
Registration: Please Complete	EF13 SWB
Damage Description:	Front bumper, bonnet, Lights

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Number of passengers in third party vehicle	4
Witness	
Name:	Mrs Eagle
Address:	77 Lighthouse Street
Telephone Number:	0877799766
Mobile number:	0817524564
Independent:	YES
Footage/CCTV	
Vehicle/Cab footage available?	No
Was there any public or private CCTV overlooking the incident? (if yes, please provide details)	No

Incident Description and Diagram:

Please give details of exactly how the incident happened and provide a diagram in the space provided. If the vehicle was carrying goods or cargo, please specify the contents. If the vehicle was hit whilst parked or stolen, please identify the last person to be in charge of the vehicle

I was stationary at a set of traffic lights which were red, when the third party collided into the rear of my van. We exchanged details and went on our way. Liability was not discussed. Please see attached photos taken at the scene and map.

Does driver feel at fault for this accident: Yes/No

Policyholder's or Company Official's Signature.....Date.....

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