



## MOTOR ACCIDENT REPORT

### DRIVER DETAILS

NAME  POLICY NO.   
ADDRESS  TELE. NO.   
ARE YOU VAT REGISTERED  
YES  NO

---

### ACCIDENT DETAILS

DATE  TIME   
LOCATION   
ACCIDENT REPORTED TO POLICE YES  NO   
PC'S NAME & NUMBER   
STATION  CRIME REF

---

### DRIVER DETAILS

NAME   
DATE OF BIRTH  OCCUPATION   
DATE DRIVING TEST PASSED   
HAVE YOU ANY PAST CONVICTIONS? YES  NO   
IF YES, PLEASE STATE   
  
HAVE YOU ANY PHYSICAL DEFECTS (INCLUDING SIGHT, HEARING,  
DIABETES, FITS OR ANY HEART COMPLAINT)? YES  NO   
IF YES, PLEASE STATE

---

**VEHICLE DETAILS**

REGISTRATION NUMBER

MAKE  MODEL  YEAR

ARE YOU THE LEGAL OWNER? YES  NO

IF NO IS IT HP OR LEASING? HP  LEASING

HP/LEASING NAME

ADDRESS

AGREEMENT NUMBER

---

**USE OF VEHICLE**

WHAT WAS THE USE OF THE VEHICLE? BUSINESS  PLEASURE

HOW MANY PASSENGERS?

NAMES

---

**VEHICLE DAMAGE**

NATURE OF DAMAGE

IS THE VEHICLE STILL IN USE YES  NO

LOCATION OF VEHICLE

WOULD YOU LIKE TO USE AN APPROVED REPAIRER? YES NO

IF NO, PLEASE STATE YOUR PREFERRED GARAGE AND INCLUDE AN

ESTIMATE FOR REPAIRS

---

---

**THIRD PARTY DETAILS**

THIRD PARTY 1 - NAME

ADDRESS

TELEPHONE

VEHICLE DETAILS/REGISTRATION

INSURER DETAILS

THIRD PARTY 2- NAME

ADDRESS

TELEPHONE

VEHICLE DETAILS/REGISTRATION

INSURER DETAILS

---

**PERSONS INJURED**

PERSON 1 - NAME  AGE

ADDRESS

OCCUPATION  INJURIES

ADDRESS

OCCUPATION  INJURIES

---

**WITNESSES**

WITNESS 1 - NAME

ADDRESS  TELEPHONE

WITNESS 2 - NAME

ADDRESS  TELEPHONE

---

**DESCRIPTION OF ACCIDENT**

WEATHER CONDITION  ROAD CONDITION

YOUR SPEED  THIRD PARTY SPEED

WHO DO YOU BELIEVE TO BE RESPONSIBLE FOR THE ACCIDENT & WHY?

---

**DRIVERS STATEMENT/CIRCUMSTANCES**

**SKETCH OF ACCIDENT**

---

**DECLARATION**

I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE, THESE STATEMENTS ARE TRUE

DRIVER'S SIGNATUR