

Motor Accident Report Form (NI)

Dear Policyholder,

We have received your Notification. Please complete this form fully and return it to the Company as soon as possible.

Please note that the issue of this form is not an admission of liability on the part of the Company.

Insurers pass information to the Claims and Underwriting Exchange Register, Run by Insurance Database Services Ltd (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 an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the register.

Insured

Name: _____

Policy No. _____

Address: _____

Postcode: _____

Business or Occupation _____
(incl. part-time occupations)

Are you registered for VAT? Yes No

Phone No. Home: _____ Work: _____

Email: _____

Vehicle

Make: _____ Model: _____ Cubic Capacity: _____

Year of Manufacture: _____ Registration Number: _____

Describe fully the purpose for which the vehicle was being used at the time of the accident:

Nature of goods being carried, if any:

Was a trailer attached? Yes No

If goods-carrying vehicle state class of licence: _____

Driver

Name of Driver: _____

Date of Birth: _____

Address: _____

Postcode: _____

Business or Occupation _____
(incl. part-time occupations):

Phone No. Home: _____ Work: _____

Was the Driver Injured? Yes No

If 'YES' What is the Nature of His/Her Injuries:

Type of Licence Held: Full Provisional

Class of Licence: _____ Date Test Passed: ____/____/____

Has he/she ever been convicted of a motoring offence? Yes No

If 'Yes' what is the nature and date(s) of offence(s):

Does he/she own a motor vehicle? Yes No

If 'Yes' state the name of the insurers: _____ Policy No. _____

Has he/she been involved in an accident within the past five years? Yes No

If 'Yes' please give details: _____

Insured Vehicle

Give full particulars of damage to your vehicle:

Have you obtained an estimate for the repairs? Yes No

If 'YES' what is the amount? £ _____

Name of proposed repairers: _____ Telephone No: _____

Address: _____

When and where can the vehicle be inspected:

Third Party Property

Name of Third Party(ies): _____

Address(es): _____

Reg. No. of vehicle (if applicable): _____ Name of Insurers: _____

Policy No: _____

Details of damage to Third Party Vehicle(s):

Details of damage to Third Party Property (other than Vehicle(s)):

Third Party Personal Injury

Name(s) and Address(es) of all Person(s) sustaining injury.

If passenger in YOUR vehicle please put ✓ in 'P' box.

If any of the insured persons are in your employment please put ✓ in the 'E' box.

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

Has any claim being made against you? Yes No

If 'Yes', please give details: _____

Witnesses

Did the Police take particulars?

Yes No

If 'YES', give the name of the officer dealing with the case and the address of the Station:

Have the Police issued a 'Notice of Intention to Prosecute'?

Yes No

1.Name of Witness: _____

Address: _____

_____ P

2.Name of Witness: _____

Address: _____

_____ P

3.Name of Witness: _____

Address: _____

_____ P

4.Name of Witness: _____

Address: _____

_____ P

If any of the above Witnesses were passengers in your vehicle please put ✓ in 'P' box.

Circumstances of Accident

Date of Accident: ____/____/____ Time of Accident: _____

Precise location of accident: _____

Is there a white line along the centre of the road? Yes No Is it 'Broken' or 'Unbroken'

Describe weather and road conditions: _____

What was speed of your vehicle (i) Prior to accident _____ Miles Per Hour (ii) At the time of impact _____ Miles Per Hour

Was your vehicle on its correct side of the road at time of impact? Yes No

If the accident occurred during the hours of darkness please state what lights were:

(A) on your vehicle side lights dipped headlights full main beam fog lights

(B) on the other vehicle(s) involved side lights dipped headlights full main beam fog lights

(C) on public road street lighting other

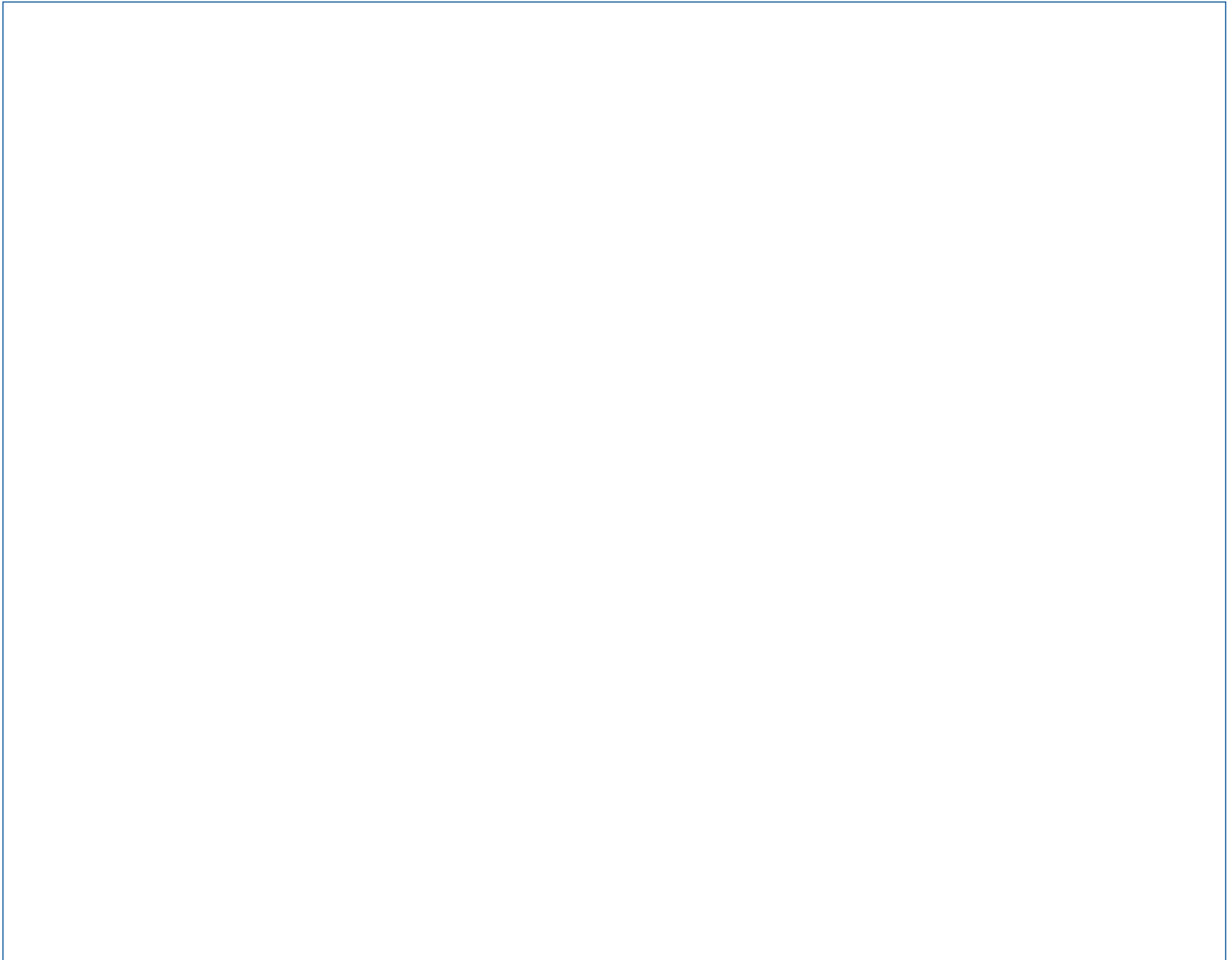
If other please give details:

Who in your opinion was responsible for the accident?

Describe fully how the accident occurred:

Sketch of Accident

Please draw a rough sketch (with appropriate measurements) showing the position of the vehicles and persons and the direction in which they were moving.



I/we declare that the above particulars are true to the best of my/our knowledge. I/we hereby expressly authorise the company, if they do so require, to forward this form and any subsequent statement which I/we or the driver may make, to any solicitors appointed to act in relation to any claim, prosecution or proceedings arising out of this incident. I/we further authorise the company and/or any solicitors so instructed, to deal with all matters arising from this incident at their discretion and without any obligation to consult with or to obtain consent from me/us and to make any admission in connection with the said claim(s), prosecution(s) or proceedings which they in their absolute discretion may consider desirable or in the interests of me/us and/or the company.

I/we understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Insured: _____

Date: / /

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