



Motor Accident Report Form email:- newclaims@directcommercial.co.uk

Claims Department, Direct Commercial Ltd, Redwing House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PB

POLICYHOLDER:

V.A.T Registered? YES / NO

POLICY NUMBER:

DRIVER OF POLICYHOLDER'S VEHICLE (OR LAST IN CHARGE)

Name: Date of Birth: Age:
Address: Date Test Passed (for vehicle driven)
Contact Number: Licence Groups/Categories Covered: Licence Country of issue :-

Occupation: Vehicle being used with Policyholder's permission? YES / NO Agency Driver? YES / NO
Have you had any accident, loss (incl. fire or theft) or claim in the last 3 years? YES / NO If yes, give details:
Give details of all motoring convictions or prosecutions pending (i.e. charge: date: penalty). If none, please state 'None':
Give details of any disease, condition, physical / mental infirmity, defective of vision / hearing – that may impair driving ability.
If none, please state 'None':
Does your policy include endorsement 3? If yes, please read the attached notice and sign the declaration (Please read carefully)

POLICYHOLDER'S VEHICLE

Make: Model: Registration Number:
Gross Vehicle Weight: For what purpose was the vehicle being used:
Number of passengers:
Trailer Attached? YES / NO Make/Model/Serial Number:
Vehicle still in use? YES / NO Damage sustained in this incident:
Do you intend to claim for the repair costs Do you have photos of the damage? YES / NO (If yes please attach)
via your policy YES / NO

Where is the vehicle now? Location:
Contact Number:

INCIDENT DETAILS

Date of Incident: Time of Incident: AM/PM:
Location of Incident: Town / County / Country:
Speed of Vehicles: Yours (mph): Others (mph): Speed Limit (mph):

CIRCUMSTANCES OF INCIDENT

Please confirm exactly how the incident happened and confirm details of all property damage. If necessary please also provide a sketch of the incident to include the width of the roads, type and position of all road signs and markings, direction of travel of all parties and the points of impact(s)
(Continue on a separate sheet if necessary)

IS THE INSURED DRIVER FULLY TO BLAME FOR THIS INCIDENT?

YES / NO: If "No" why not?

OTHER PARTY INVOLVED

Please confirm the names, addresses and contact numbers of all other parties involved (continue on a separate sheet if necessary)

Name & address:

Make/Model/Colour of vehicle:

Registration Number:

Number of passengers:

Were seat belts fitted to all vehicles? YES / NO

Telephone Numbers:

If 'Yes' were they in use at the time of the accident? YES / NO

Damage to vehicle / Point of impact:

Do you have photos of the damage? YES / NO (If yes please attach)

Insurers:

Policy Number:

PROPERTY DAMAGE

Name & Address of Owner:

Extent of Damage:

PERSONAL INJURY

Please confirm the names, addresses and tel. no's of all injured parties (continue on a separate sheet if necessary)

Name/Address:

Name/Address:

Postcode:

Postcode:

Telephone Number:

Telephone Number:

Nature & Extent of Apparent Injuries:

Nature & Extent of Apparent Injuries:

Taken to Hospital: YES / NO

Taken to Hospital: YES / NO

Detained: YES / NO

Detained: YES / NO

Name & Address of Hospital:

Name & Address of Hospital:

WITNESSES

Please confirm the names, addresses and telephone numbers of all witnesses to the incident (Please indicate if any of them are known to your driver):

Name/Address:

Name/Address:

Post Code:

Telephone No:

Post Code:

Telephone No:

POLICE

Did the police take details of the incident? YES / NO

If "Yes" please give details below:

Officer's Name:

Officer's Number:

Station Address:

Did you make a written statement? YES / NO

Was anybody cautioned? YES / NO If "Yes" please give details below:

I declare that to the best of my knowledge and belief the details given are true. I understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. If the vehicle is beyond repair, I authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give consents as may be considered necessary for the disposal of such claims and litigation arising. I authorise the release of my DVLA records. I understand you may seek information from other Insurers to check the answers I have provided.

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 registers.

Signature Date

Print Name.....

Endorsement 3 Notice (please read carefully and tick all / any that apply)

3 - Any Licensed Driver - Sole & Permanent. Any person in the "Policyholder's" sole and permanent employ and acting with their authority.

Yes No

3a - Any Licensed Driver - Sole & Permanent - Decl & Acc. Any person in the "Policyholder's" sole and permanent employ and acting with his/her authority other than those drivers who have been declared to and accepted by "us". Yes No

3b - Any Licensed Driver - Sole & Permanent + SD&P. Any person in the "Policyholder's" sole and permanent employ and acting with their authority. This "Document" also extends to include any licensed "Driver" driving with the authority of the "Policyholder" for Social, Domestic and Pleasure purposes. Yes No

3c - Light Haulage and Private Hire - Sole & Permanent including agency driver. Any person in the "Policyholder's" sole and permanent employ, with the exception of agency drivers, and acting with the Insured's authority. Yes No

3d - Light Haulage and Private Hire - Sole & Permanent including agency driver and self employed. Any person in the "Policyholder's" sole and permanent employ, with the exception of agency drivers and self employed drivers contracted on a 100% labour only basis, and acting with the Insured's authority. Any self employed driver contracted on a labour only basis is restricted to vehicles that are registered to, or leased/hired by the "Policyholder" and use is restricted to the business or trade purposes of the "Policyholder" only. Yes No

3e -Light Haulage and Private Hire Sole & Permanent including any licensed driver iro PCs. Any person in the "Policyholder's" sole and permanent employ, with the exception of agency drivers, and acting with the Insured's authority. In relation to non commercial vehicles, any person in the "Policyholder's" sole and permanent employ, with the exception of agency drivers, and acting with the Insured's authority and any person acting with the Insured's authority and driving for the purposes of social, domestic and pleasure. Yes No

3f - Light Haulage and Private Hire Sole & Permanent amended including any licensed driver iro PCs. Any person in the "Policyholder's" sole and permanent employ, with the exception of agency drivers and self employed drivers contracted on a 100% labour only basis, and acting with the Insured's authority. Any self employed driver contracted on a labour only basis is restricted to vehicles that are registered to, or leased/hired by the "Policyholder" and use is restricted to the business or trade purposes of the "Policyholder" only. In relation to non commercial vehicles, any person acting with the Insured's authority and driving for the purposes of social, domestic and pleasure. Yes No

I declare that I fully comply with Endorsement 3.

Signature Date

Print Name.....

V4 May 2020