

ACCIDENT REPORT FORM

Please complete the following details as fully and accurately as you can and sign at bottom of page

1. Your Personal Details

Name: _____
Address: _____

Postcode: _____ Date of Birth: _____
Home Tel: _____
Work Tel: _____
Mobile Tel: _____
e-mail: _____
Were you or your passengers hurt? _____

2. Your Vehicle Details

Make/Model: _____
Colour: _____
Registration No: _____
Engine Size: _____ MANUAL
Are you the vehicle owner? _____
Is the vehicle roadworthy? _____
Brief description of damage & current location of vehicle: _____

3. Witness Details

Name: _____
Address: _____

Postcode: _____
Home Tel: _____
Work Tel: _____
Mobile Tel: _____
Were there any other witnesses ? _____ yes / no
Please give details: _____

4. Your Insurance Details

Insurance Co: _____ Tel No: _____
Insurance Broker: _____ Tel No: _____
Policy No: _____
Claim No: _____
Type of Insurance Cover: Fully Comp / TPFT / Third Party
Excess: £ _____
Did the police attend the accident? _____
Police Officer's name & station _____

5. Details of the Other Party Involved

Name: _____
Address: _____

Postcode: _____
Home Tel: _____
Work Tel: _____
Mobile Tel: _____

Vehicle details
Make/Model: _____
Registration No: _____
Insurance Co: _____
Insurance Broker: _____
Policy No: _____
Claim No: _____
Policyholder (if not driver): _____

Please note that it is an offence for the other party to refuse to provide their insurance details

6. Details of the Accident

Date & time of accident: _____
Location/Road name: _____
Brief description of what happened: _____

Please draw a sketch indicating roadmarkings, traffic lights etc:
please use the back of this page for sketch

Signed :

Print Name:

Date: