

MOTOR ACCIDENT REPORT FORM



Please answer all questions on both pages as fully as possible and return the form to the Administration Office, 2nd Floor, Newcastle University Students' Union.

It is a condition of our policy to report all incidents (even if we do not make a claim).

Club/Society Contact: _____
Club/Society Name: _____
Claim Number: _____

Policyholder:
Policy Number: 00026037MBP
Full Name: Newcastle University Students' Union
Address: Kings' Walk, Newcastle
Postcode: NE1 8QB
Phone Number: 01912393903
VAT registered: Yes
Occupation: Students Union

Driver

Full Name:	Date of Birth:
Address:	
Postcode:	Contact Telephone Number:
Has the driver any conviction (including Fixed Penalty offences) in connection with any motor vehicle? YES/NO If yes please attach full details and dates	
Has the driver ever been refused motor vehicle insurance? YES/NO If yes please attach full details and dates	
Date of full license issued:	License Number:

Vehicle

Make and Model:	Colour of vehicle:	Manual or Automatic gearbox?
Registration Number:	Year:	cc:
Number of seats:		
Owner's Name and Address:		
Describe fully the purpose for which the vehicle was being used:		
Brief description of damage:		
Is the vehicle still in use (i.e. mobile and roadworthy):		
Repairers name, address and contact number:		

Accident

Date:	Time:	Place (inc postcode):
Weather:	Visibility:	Distance from nearside:
What lights were lit on the vehicle:		
Speed before accident (mph):	Speed moment of impact (mph):	Speed other vehicles (mph):
If the police attended – Name of Force, Officer Name and Number:		
Did you make a written statement:		
Was anybody cautioned (if so please give details):		

Driver's Statement

Please confirm exactly how the incident happened and confirm details of property damage. If necessary provide a sketch of the incident to include the width of the roads type, position of all road signs and markings, direction of travel of all parties and points of impact (if necessary attach an additional sheet):

Who do you blame for the incident and why:

Witnesses

Passenger or independent witness – Name, address and contact number?	Passenger or independent witness – Name, address and contact number?
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Other Persons Involved/Property Damage

Name, address and contact number:
Damage – give registration and make and model of vehicle involved:
Insurer and Policy Number:

Persons Injured

Name, address and contact number:			
Seat belt worn:	Yes/NO	Taken to Hospital:	Yes/NO
Injury:			

Data Protection

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 the 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.

Declaration I declare that these particulars are true to the best of my knowledge (in the case of joint policyholders, both should sign). I/We understand that you may ask IDS Ltd or ABI for information they have received from other insurers to check the answers I/we have provided.

Signature(s) Date