

# motor accident report form

Please complete all sides of this form in *block capitals* as soon as you can, carefully answering all questions fully and accurately thereby helping to avoid unnecessary delay in dealing with your claim. Once completed, you should return this form to the *issuing office* shown on your certificate of insurance.

## Insured

Policy number

Name

MR CARPET LTD

Occupation

RETAIL BUSINESS

Address

UNIT 32, STADIUM STUDIOS, WIMBLEDON  
BUSINESS CENTRE Postcode SW17 0BA

Telephone number home

020-8879-4122

Telephone number work

020 7381-1989

Are you registered for VAT?

Yes  No

If yes, status

## Accident

Date

28/10/14

Time

PM

Place of accident

STRODE ROAD, FULHAM, SW 6

Accident reported to the police

Yes  No

If yes, give station and PC's name and number

## Vehicle

Make, model and cc

NISSAN MICRA 1.5 DIESEL

Date vehicle first registered

APRIL 200

Registration number

MR54 CPT

Value

£2,000

Mileage recorded

130,050

Was vehicle purchased new by insured?

Yes  No

Are you the legal owner of the vehicle?

Yes  No

If no, who is?

Is an HP or leasing company interested in the vehicle?

Yes  No

If yes, HP

Leasing

Full name and address and agreement number

Continued overleaf

**Persons Injured** (Name, address, telephone, occupation, cover, number, date)

Name	Address	Telephone	Occupation	Cover	Number	Date

Is any injured person in your employment? Yes  No  If yes, who? \_\_\_\_\_

**Third party vehicle** (Name, address, telephone, occupation, cover, number, date)

Name	Address	Telephone	Occupation	Cover	Number	Date
(a) NIA						
(b)						

\*Details of damage to above vehicle(s) or property

(a) \_\_\_\_\_

(b) \_\_\_\_\_

Were there any passengers in the third party vehicle? Yes  No  If yes, how many? \_\_\_\_\_

**Witnesses** (Name, address, telephone, occupation, cover, number, date)

Name	Address
NIA	NIA

**Driver's Statement**

I PARKED THE CAR IN STRODE ROAD ON TUESDAY 28TH OCTOBER, I RETURNED TO THE CAR IN THE SAME AFTERNOON TO FIND THAT THE REAR OF THE CAR HAD BEEN DAMAGED TO THE BUMPER & THE BOOT/HATCHBACK.

**GENERAL INFORMATION**

Please state the purpose for which the vehicle was being used at the time of the accident.

Pleasure  Business of insured  Other business  Commercial travelling  Motor trade  Hire or reward

Name(s) and address of passengers carried

N/A

Was driver acting within scope of his authority and with your knowledge and consent? Yes  No

**DRIVER'S INFORMATION (PLEASE PRINT FULL NAME AND ADDRESS OF GARAGE)**

Full name of driver (including title)

MR JOHN MICHAEL MCARTHUR

Date of birth

20/05/64

Date passed UK driving test

Was driver in your employ? Yes  No

16/12/1988

Is a current UK driving licence held? Yes  No

Address

15 KENDALL GARDENS, GRAVESEND

KENT

Postcode DA11 0EE

Daytime telephone number

02073811989

Occupation

SALES CONSULTANT

Is driver main user of vehicle? Yes  No

Any past convictions (including fixed penalty offences) or charges pending? Yes  No  If yes, give details and dates

Has driver any physical defects or infirmity (including sight, hearing, diabetes, fits or any heart complaint)? Yes  No  If yes, give details

Number of accidents within last 3 years

Please give details

**REPAIRS (PLEASE PRINT FULL NAME AND ADDRESS OF GARAGE AND TELEPHONE NUMBER)**

Name and address and telephone number of garage

Postcode

Telephone number

Nature of damage

If towing cost was incurred give details of any other insurance or protection applying

Please note if beyond economic repair we will move vehicle to place of free storage pending settlement of your claim, unless you wish to make other arrangements.

Is the above garage a member of Zurich's 'Approved Repairer Scheme'? Yes  No  If yes, go to next section

If no, estimated cost of repair (please forward garage estimate) £

Is the vehicle still in use? Yes  No

If no, where is the vehicle now?

Have you authorised repairs? Yes  No

Shall we give/confirm instructions for you? Yes  No

**Description of accident**

State of weather  Road

What was the speed before accident?

What was the speed at moment of impact?

What lights were used?  If headlights state if dipped?

Who do you believe was responsible for the accident?

**Sketch**

Show position of vehicles, persons or obstacles. Mark names and widths of roads, brake marks, road signs or anything having a bearing upon the accident. If you wish you may use a separate sheet of paper

**Uninsured loss recovery service**

If you have purchased this service do you wish to make a claim? Yes  No  (applicable on certain policies only)

**Accidents abroad**

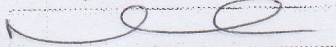
Do any of the following schemes apply AA  Europ Assistance  RAC  Other  Please state

**Declarations**

Please note Insurers maintain a Motor Insurance Anti-Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

I/We declare that to the best of my/our knowledge, these statements are true.

Driver's signature



Insured's signature

Date

30/10/14

Please note All communications relating to the accident must be forwarded immediately, unanswered, to the Company Issuing Office shown on your Certificate of Insurance