

RISK MANAGEMENT & INSURANCE SERVICES

Motor Vehicle Accident Report Form

<u>Policyholder:</u>	
Policy/Certificate number:	
Policyholder's address	
Occupation:	
Telephone number:	
Is the insured VAT registered?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Driver in Charge (of Vehicle Immediately before Incident)	
Driver's Name:	JOHN MICHAEL MCARTHUR
Driver's Address:	15 KENDALL GARDENS, GRAVESEND DALLOEE
Telephone Number:	07887-621196
Date of Birth:	20-05-1964
Current Driving Licence No.	MCART605204JM9WL96
Date Driving Test Passed:	16-12-1988
Accident details	
Date:	WEDNESDAY 27/11/19
Time:	13:50
Place (quote road names where applicable):	B2246 HERMITAGE LANE WITH JUNCTION OFF A20
Road conditions:	WET
Weather conditions:	SLIGHT DRIZZLE
Estimated speed:	7-10 MPH
Lights used (if any):	SIDE LIGHTS
Position in road:	IN CORRECT RIGHT HAND LANE AT TRAFFIC LIGHTS WAITING TO TURN ONTO A20
<p><u>If reported to police, give station and PC's name and number</u></p>	

Insured Vehicle Details

Make:	HYUNDAI				
Model:	I10				
Registration number:	HT17 XJX				
Date vehicle first registered	MARCH 2017				
Mileage recorded:	17,500				
Was vehicle purchased new by insured?	YES				
Are you the legal owner of vehicle?	Yes	<input checked="" type="radio"/> No	If yes HP	Leasing	
Name of hire purchase company or finance house interested (if any):					

On notification of a claim we will arrange your vehicle to be repaired by our Approved Repairer Network.

Purpose for which vehicle was being used?	HOSPITAL VISIT	
Number of persons being carried (Including the driver):	JOHN MCARTHUR (DRIVER) JUNE SHEPPARD (MOTHER)	
Nature of goods being carried (if any):	N/A	
Was the driver acting within scope of his authority and with your knowledge and consent?	YES	

Description of damage:

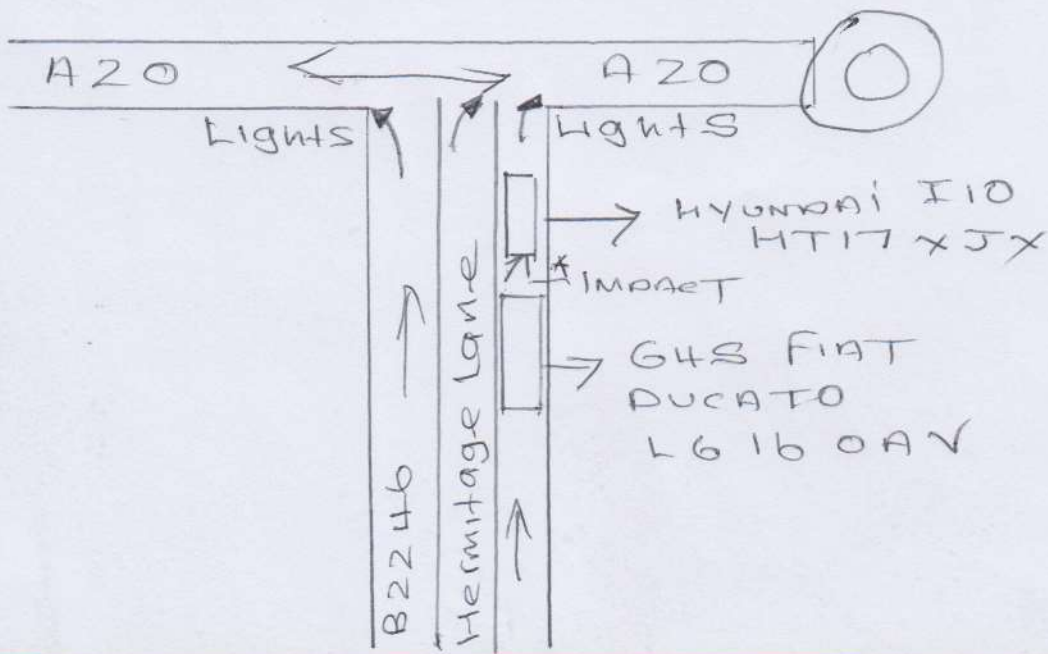
UPON INSPECTION THERE SEEMS TO BE NO MAJOR DAMAGE TO THE REAR OF THE CAR FROM IMPACT FROM THE AMBULANCE (PHOTOS HAVE BEEN TAKEN) OBVIOUSLY NOT SURE IF THIS SHUNT WAS HAD AN IMPACT ON THE CAR CHASSIS?

Accident Description/Accident Circumstances

AFTER TAKING MY MUM TO MAIDSTONE HOSPITAL WE LEFT THE CARPARK, TURNED RIGHT ONTO B2246 HERMITAGE LANE TOWARD THE RIGHT TURNING ONTO THE A20. WE WAITED AT THE LIGHTS TO GO GREEN AND AS WE MOVED OFF AT APPROX 7-10MPH INDICATING RIGHT WE FELT AN ENORMOUS BANG INTO THE BACK OF THE CAR, THIS WAS FROM THE THIRD PARTY'S AMBULANCE CARRIER LG16 OAV WE PULLED OVER ONTO THE A20 TO DISCUSS WHAT HAD HAPPENED. THE THIRD PARTY WAS OBVIOUSLY NOT CONCENTRATING WHEN THE LIGHTS WENT GREEN AND PROBABLY 15MPH+ WENT INTO THE BACK OF THE HYUNDAI I10.

P. TO -

Please supply a diagram of the accident circumstances if possible



Third party

Name:	GAS (DRIVER DEBBIE)
Address:	STEEL FIELDS, OWENS WAY GAS MILL, BILLINGHAM KENT, ME7 2RT
Telephone number:	JOE H/O 07834-912021
Vehicle make:	FIAT
Vehicle model:	DUCATO
Vehicle registration number:	LG16 OAV
Third party insurers (if known):	AIG POLICY 23003362
Reference no.	20325452?
Third party speed:	15MPH +
Damage to third party vehicle:	NONE TO THE NAKED EYE
How many occupants were in the vehicle? (Including the driver)	2

Injured persons in Third party Vehicle if applicable

Are there any Injured parties?	Yes / No
If Yes:	

Accident Description/Accident Circumstances

WHAT HAS UPSET ME ENORMOUSLY IS THAT THE FORCE OF THE COLLISION HIT MY MOTHER'S ^{NECK} WHO IS 82 AND IS DUE TO HAVE A CATARACT REMOVED ON FRIDAY 6TH DECEMBER (WHENCE THE VISIT TO THE HOSPITAL).

MY MAIN GRIVANCE IS THAT THE DRIVER OF THE VAN HAD NO EMPATHY OR CONCERN FOR MY MOTHER, NOT EVEN CHECKING ON HER BUT WAS VERY SARCASTIC & ARROGANT TO "SAY" "WHERE IS THE DAMAGE" AS IT WAS A MINOR INCIDENT.

Name:	MRS JUNE SHEPPARD	
Address:	22 HOMEHEAD CLOSE GRAVESEND KENT RA12 1H6	
Details of injuries:	WITH THE FORCE OF THE AMBULANCE GOING INTO THE BACK OF THE CAR MY MUM SUFFERED A KNOCK FROM THE	
Did an ambulance attend the scene?		Yes / No NEAREST
If Yes, enter it's details here		

Passengers – Names and addresses of passengers in insured vehicle

Name:	JOHN MICHAEL MCARTHUR	
Address:	15 KENDALL GARPINS GRAVESEND, KENT DA11 0EE	
Name:	JUNE SHEPPARD	
Address:	22 HOMEHEAD CLOSE GRAVESEND, KENT RA12 1H6	
Name:		
Address:		

Witnesses – Names and addresses of all independent witnesses

Name:	N/A	
Address:		
Name:	N/A	
Address:		
Name:	N/A	
Address:		