



Please complete and return to:

Claims Department,
 Caunce O'Hara Commercial Insurance,
 City Wharf,
 New Bailey Street,
 Manchester,
 M3 5ER

Phone: 0161 833 2100
 Fax: 0161 839 2100

Motor Vehicle Accident Claim Form

Policy Holder Details:

Name: _____ Policy/Certificate Number: _____

Address: _____

Postcode: _____

Occupation: _____ Telephone Contact Number: _____

Are you registered under the VAT regulations? Yes No

Driver / Person in charge of Vehicle:

Name: _____ Daytime Telephone Number: _____

Address: _____

Postcode: _____

Date of Birth: _____ Occupation: _____

Type of driving licence: _____ Date Driving Licence Acquired: _____

Driving Licence Number: _____

Has the driver any motor convictions? Yes No

Give details: _____

Have you been disqualified from driving in the last 5 years? Yes No

Have you had any previous motor accidents in the last 5 years? Yes No

Give details: _____

Is the driver or last person in charge employed by you? Yes No

Accident Details:

Date of accident: _____ Time: _____ Road conditions at time: _____

Exact location of accident: _____

Purpose of journey: _____

	Your vehicle	Other vehicle(s)
Speed:		
What lights displayed:		

Vehicle Details:

Make: _____ Model: _____ Registration number: _____ Year: _____

Is it a lease vehicle, on hire purchase or contract hire? Yes No

If so please give details of finance company / owner of vehicle in space below:

Name: _____ Contact Telephone Number: _____

Address: _____

Postcode: _____

Agreement/contract number: _____

Is your vehicle: not damaged / damaged & in use / damaged at repairer / damaged beyond repair*
(* delete as appropriate)

Please show areas of damage to your vehicle:



Current location of vehicle: _____

Postcode: _____ Contact phone number: _____ Contact name: _____

Third Parties:

Name and Address	Vehicle and Registration	Insurance Details

Witnesses:

Name and Address / Phone Number	Exact location at time of accident

Was incident reported to Police Yes/No **Police reference no** _____**Injured Parties:**

Name and Address / Phone Number	Nature of injury	Exact location

Accident Description:

Please provide written description of the accident

What were you doing at the time of the accident?

Sketch Diagram:

Please show:

- * Names of roads
- * Road markings
- * Signs
- * Exact position of all vehicles
- * Direction of travel
- * Parties involved (including witnesses)

Additional Information:

Please use this space for any additional information which may be relevant

Declaration and Signatures:

In order to prevent fraudulent claims and for underwriting purposes we share information with other insurers via various databases including the Motor Insurance Anti-Fraud and Theft Register. We may also make enquiries with credit reference agencies and they may note that an enquiry has been made about you.

Declaration: For Data Protection Act purposes, I/We acknowledge that any personal data secured from me/us as a result of submission of this claim will be held and processed for insurance administration and claims investigation. For this purpose, the information may also be passed to selected third parties and reinsurers.

I/We consent to you processing sensitive data about me/us and other persons who may be insured under the contract. I/We understand that all personal data I/we supply must be accurate, and I/we have the specific consent of those other persons insured to disclose their personal data.

I/We consent to the seeking of information from other insurers, credit and other information agencies to check the answers I/we have provided and I/we authorise the giving of such information. I/We declare that to the best of our knowledge and belief the information given in this form is correct and complete.

DRIVER:

Driver's Name:

Signature:

Date:

AUTHORISED COMPANY REPRESENTATIVE:

Representative Name:

Signature:

Date:
