

MOTOR VEHICLE ACCIDENT REPORT FORM

Please complete and return this form to:

Ref No.

ADDRESS STAMP OF ISSUING OFFICE

You can visit the cornhill website at www.cornhill.co.uk

POLICY HOLDER

Name

Policy/Certificate No.

Address

Daytime Phone No.

Postcode

Occupation

Are you registered under the VAT regulations? **YES**

No

If **YES** please give details

DRIVER/PERSON IN CHARGE (of vehicle immediately before incident)

Name (Mr/Mrs/Miss)

Daytime Phone No.

Permanent Address

Date of Birth

Occupation

How long employed by you?

Current licence No. (State if provisional)

Date of first full licence

Is the driver the main user? Yes

NO

If **NO**, give proportion of use

Was the driver?

Director/Partner

Yes

No

Employee

Yes

No

Customer

Yes

No

Other (Specify)

If not the Policyholder, did the driver have the Policyholder's permission to drive? Yes

No

and does the driver own a motor vehicle? **YES**

No

If **YES**, give the name and address of Insurer and number of Motor Policy

Has driver 1 been concerned in any accident or loss during past three years? **YES** No

2 ever been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle? **YES** No

3 ever been declined or refused renewal for vehicle insurance? **YES** No

4 any physical defect, infirmity or impairment of sight or hearing? **YES** No

If answer to question **1 2 3** or **4** is **YES** give details

INSURED VEHICLE

Make Model Reg. No.

Year of Manufacture Name of H.P. Company or Finance House interested (if any)

Description of damage

Repairer's Name, Address and Tel. No.

Is Vehicle at Repairer's Premises? Yes No Estimated cost of repair (if known) £

Who is the registered keeper?

If other than the policyholder above, state registered keepers Name and Address

Name, Address and Policy Number of registered keepers insurance policy

Purpose for which vehicle was being used (tick as necessary)

Courtesy vehicle with customers insurance Yes No Courtesy vehicle without customers insurance Yes No

Self drive hire with customers insurance Yes No Self drive hire without customers insurance Yes No
(Please provide copy of rental agreement) (Please provide copy of rental agreement)

Demonstration unaccompanied Yes No Private hire Yes No

Other motor trade (specify) _____ Social, domestic and pleasure Yes No

Number of persons being carried (including the driver) Nature of goods being carried (if any)

In the event that your vehicle is assessed as being beyond economical repair, as protection, we shall move it to free and safe storage.

THIRD PARTY (other driver(s) and vehicle(s) involved)

Name Tel. No. Home

Address Office

Name/address of Insurers

Policy/Certificate No. Make and Model of Vehicle

Registration No.

Description of damage to other Vehicle or Property

Injured Persons:

Name	Address	Nature of injuries sustained	Apparent age	State whether occupant of Insured car, other car, or pedestrian
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Particulars of Hospital or Doctor attending injured person(s):

ACCIDENT

Date Time Place

State of roads Weather conditions

NOTES TO HELP YOU

If anyone has been injured or if you have suffered a theft or malicious damage the matter must be reported to the police as soon as possible.

Send, unanswered, all correspondence you or the driver receive from others involved in the incident to your insurance advisor or your Allianz Cornhill office.

GETTING YOUR VEHICLE REPAIRED

If your vehicle is insured for the damage to it you may put in hand any temporary repairs necessary to make it driveable. We will want to see any estimates or invoices for this work but do not delay submitting the accident report form.

Approved repairers

We have a network of these, and we may have already suggested that you use them. Using one of our Approved Repairers will give you many advantages, including in the case of cars:

- collection of your damaged car and return to you after repair
- a free courtesy car
- instant repair authorisation and the car will be washed and vacuumed before it is returned.

We understand if you want to use a repairer of your own, although it is likely we would want to inspect your vehicle at the repairer's premises at some point. Please send us an estimate from the repairer you want to use.

For the address of our Approved Repairers please telephone your insurance advisor or Allianz Cornhill's nearest office. Alternatively you can contact our Freephone Helpline on 0800-181-159.

Write Offs

If your vehicle proves to be too badly damaged to repair economically we will need the following documents:

- Your Registration Document (V5)
- Your current MOT certificate (if your vehicle is over 3 years old)
- Your original purchase receipt, if possible
- Any service or repair accounts

We will tell you its value as soon as we have this information.

NOTICE

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 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.

DATA PROTECTION NOTIFICATION

We may use personal and business details you give us, or which are supplied by third parties, to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the risk and assist in making a decision regarding our acceptance of the risk, to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews. We may also share these details with other insurance organisations to help off-set risks, to help administer your policy and to handle claims and prevent fraud. We will store your details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, you are entitled to a copy of all of the information we hold about you.

I declare the foregoing particulars to be correct according to my information and belief. I/We understand that you may ask for information from other insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature of Policyholder

Date