

private car accident notification form



Please return to

Please tick this box if the form is for information only (i.e. you require no action on our part and do not wish to claim against your policy in respect of your vehicle or any Third Party vehicle or property damage). **DO NOT TICK THIS BOX IF ANY PERSON WAS INJURED IN THE ACCIDENT.**

Zurich policy number

Broker reference number

Zurich claim number (if known)

Important notes to be read before completing this form

1. Please fill in ALL RELEVANT SECTIONS OF THE FORM. A fully completed form will help us to deal with your claim more efficiently.
2. The form should be completed in BLOCK CAPITALS.
3. If you need more space to answer any of the questions, please use a separate sheet and ATTACH it to this form.
4. Please submit original documents in support of your claim as copies are not acceptable.
5. Zurich Insurance Company does not admit liability by issuing this form.
6. If the insured vehicle has been damaged beyond economical repair, **WE WILL MOVE THE VEHICLE TO A PLACE OF FREE STORAGE PENDING RESOLUTION OF YOUR CLAIM** unless you wish to make other arrangements. Please ensure your personal effects are removed from the vehicle.

Warning - fraud

A fraudulent claim will result in the loss of all policy benefits and may lead to the instigation of criminal proceedings.

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 accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Details of policyholder

Name

Postal address

Town

County

Post code

Home telephone number (inc. STD)

Business telephone number (inc. STD)

Occupation (including any part-time work)

Are you able to recover VAT on repairs to your vehicle?

Please tick box
Yes No

If Yes, but you are partially exempt, what percentage are you provisionally assessed as being able to recover?

 %

Details of policyholder (continued)

Type of UK driving licence held Please tick box
Full Provisional None

Date UK driving test passed Date of birth

Have you any conviction in connection with any motor vehicle or are any charges pending? Yes No

If Yes, give full details including dates

Uninsured loss recovery

IMPORTANT: PLEASE TICK THIS BOX IF IT IS YOUR INTENTION TO CLAIM UNDER THE UNINSURED LOSS RECOVERY SECTION OF THIS POLICY.

Details of insured vehicle

Make Model Colour

Registration number Cubic capacity Year of make

Are you the owner? Yes No If No, are you the registered keeper? Yes No

If NO, to either, advise details of the owner/registered keeper

Is the vehicle subject to a Hire Purchase agreement? Yes No

If Yes, state name, address and account number of Finance Company

On what date did you purchase the vehicle? Was it purchased new? Yes No

Mileage at date of accident?

Damage to insured vehicle

HAVE YOU CONTACTED THE ZURICARE HELPLINE FOR ASSISTANCE? Yes No

Repairer's name and address

Town

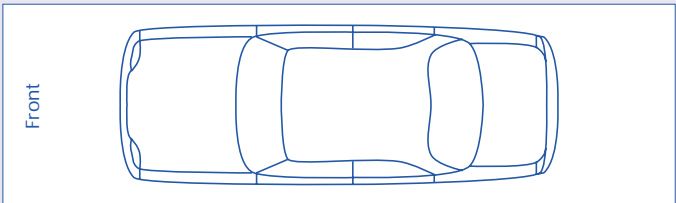
County Post code

Repairer's telephone number (inc. STD)

If No, indicate address where it can be inspected

Town County Post code

Please mark the area of damage and angle of impact

Front 

Is the vehicle still in use? Yes No

Where your vehicle is damaged and you are entitled to claim under your policy please supply an estimate for the repairs unless you have elected for the repairs to be undertaken by a Zurich Insurance Quality Assured repairer.

IF YOU ANTICIPATE YOUR VEHICLE IS BEYOND ECONOMICAL REPAIR, KINDLY PROVIDE THE FOLLOWING:

1. Registration document.
 2. MOT certificate (where applicable) - if unavailable, indicate date of test and address of testing garage and obtain duplicate copy.
 3. Purchase receipt for vehicle - if unavailable, indicate date vehicle purchased, amount paid and name and address of person from whom you purchased the vehicle.
 4. Vehicle service records or documents.
 5. Recent photographs of the vehicle in it's pre-accident condition if available.
 6. Hire purchased or Leasing Agreement.
- Please also supply any other information or documents which you feel will assist in the valuation of your vehicle.

Use of insured vehicle

For what purpose was the vehicle being used at the time of the accident?

Social/Domestic Home to work/Work to home Business Other

If Business or Other, give particulars including details of any goods being carried

Driver or last person in charge

Were you driving/last in charge of the vehicle? Yes No

If Yes, you need not complete the next section, if No, the next section MUST be completed in respect of the person who was driving or last in charge.

Details of person driving or last in charge (if not policyholder)

Name

Postal address

Town County Post code

Home telephone number (inc. STD)

Business telephone number (inc. STD)

Occupation (including any part-time work)

Is he/she employed by you? Yes No

Type of UK driving licence held Full Provisional None

Date UK driving test passed Date of birth

Have you any conviction in connection with any motor vehicle or are any charges pending? Yes No

If Yes, give full details including dates

Was he/she using the vehicle with your permission? Yes No

Has he/she a vehicle of his/her own? Yes No

If Yes, give name of insurer and policy number

Other vehicles involved and property damaged

Other drivers name	Other drivers address	Make and reg. no. of other vehicle	Apparent damage	Other driver's insurers and policy no.
<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"/>

Persons injured (please give details no matter how slight the injury)

Name and address of injured person	State whether:				Describe injuries and if detained in hospital
	a) Passenger in your vehicle	b) Driver of other vehicle	c) Passenger in other vehicle	d) Pedestrian/cyclist	
	Seat belt worn (Yes/No)	Married or single (if known)			
<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"/>	

Independent witnesses

Name	Address	State if known to your or your driver	Age (approx.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Passengers in your vehicle

Name	Address	Age	In rear or front of vehicle	Seat belts worn (Yes/No)	Occupation (if known)
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Accident

Date	Time	Street/Town
<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>

Weather conditions prevailing	Visibility (yards/metres)
<input type="text"/>	<input type="text"/>

What lights were showing on your vehicle?	What warning did you or your driver give?
<input type="text"/>	<input type="text"/>

Estimated speed:	a) before accident	b) at the moment of accident
	<input type="text"/> mph	<input type="text"/> mph

Did the Police take particulars? Yes No

If Yes, give police officer's number and full address of Police Station

Town	County	Post code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you or your driver been warned by police of possible prosecutions? Yes No

If Yes, state charges

Plan of accident

Draw a sketch (stating approximate measurements) showing positions of vehicles and persons concerned and the directions in which they were travelling?

Who was at fault? Self/my driver Other person Both No-one

State fully what happened:

Declaration

If your Policy is in joint names but you do not have a joint Bank Account, please indicate to whom any settlement cheque should be made payable

I/We declare all these particulars to be true, unless I/We have indicated that this form is for information only by ticking the box on the front of this form, I/We undertake to forward immediately (and unanswered) any correspondence relating to this accident. I/We understand that you may seek information from other insurers to check the answers I/We have provided.

Policyholder's Signature Date