Policy Holder Details Name Address Postcode



Motor Accident Report Form

Driver Dataile (Leat nerson in about a of vahiale)							
Title	Last person in charge o			Surname			
Address							
Postcode				Job title			
Telephone No.				Mobile No.			
Date of birth				Full UK driving Licence	YES/NO		
Date passed test				If not UK where issued			
Has driver ever been refused insurance? YES/NO If Yes, please give full details:				Is driver a company employee? YES/NO If non-employee, state reason for driving			
List all driving convictions with dates							
Has driver received notice of an intended prosecution for this accident? YES/NO If Yes, give full details:							
Vehicle Details							
Registration No.		Make		Model	Model		
Is Vehicle Company Owned / Leased / Hired / Privately Owned If leased or hired, please give name of lease/hire company							
Is the Policyholder registered for VAT purposes in respect of this vehicle				YES/NO			

Location Details Details			
	ness / Pleasure / ⁻	Го & From Work	
Date	Time	-	Time of Day
			Dawn / Day / Dusk / Night
Location (Road and Town)	l		
·			
Driver's Statement			
Please explain fully and <u>clearly</u> wh	nat hannened con	tinue on a senarate	sheet if required
Trease explain raily and <u>eleany</u> with	аспаррепса, соп	unac on a separate	. Sheet ii required
Vehicle Damage			
Own vehicle damage area (if know	n)	Has The Vehicle E	Been Physically Stolen or Purely
		Broken Into?	
FRONT	BACK		
Details			
Has The Vehicle Been Physically S	Stolen or Purely		
Broken Into ?			
If Stolen, has the vehicle been recombere is the vehicle now?	overed and if so		
where is the vehicle HOW!			

Police Attendance						
Did the Police attend? If Yes:		YES/NO				
Name of attending officer						
Number of attending officer						
Station of attending officer						
If NO: Were police notified later?		YES/NO				
Police / Incident Reference No.						
Witness Details						
Name	Address	Passenger in own vehicle?				
1.		YES/NO				
2.		YES/NO				
3.		YES/NO				
PLEASE SEND/EMAIL ANY PHOTOGRAPHS TO J BENNETT & SON						
STATEMENT OF TRUTH: Proc makes or causes to be made a fall	seeding for contempt of court may be brought aga se statement in a witness statement verified by a witness statement are true. I have read and und	ainst anyone who statement of truth. I				
Driver's Signature:		Date:				
	/					

J Bennett & Son (Insurance Brokers) Ltd 9 North's Estate, Old Oxford Road, Piddington, High Wycombe, HP14 3BE 01494 450450 insure@jbennett.co.uk