

ACCIDENT REPORT FORM

First Select Insurance Services Limited

Tel 02074880641

Fax 02074880642

Please make sure that you complete ALL sections of the form correctly.

POLICY INFORMATION			
Policy number			
Name of Policyholder			
Address			
Tel Number			
VAT Registered	YES / NO	If YES, % recoverable	

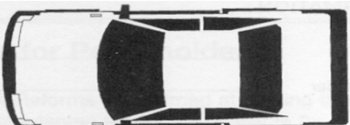
Claim Number	
Policy Cover	
Excess	
Renewal Date	

VEHICLE DETAILS			
Registration number		Make	Model
Date of registration		Current Value	
Has the vehicle been modified from manufacturer's standard	YES / NO	If YES, give details	
Do you own the vehicle	YES / NO	If NO, give details	
Does an HP or leasing company have an interest in the vehicle	YES / NO	If YES, give details	
Who is the registered keeper			

DETAILS OF ACCIDENT					
Date		Time		Location	
Who was at fault for the accident?		Speed of your vehicle prior to impact			
Brief details					
Note: If you were completely responsible for the accident described above, please sign this declaration. I authorise Insurers to admit liability on my behalf/behalf of the Company for the above accident.					
Signed		Position		Date	

DRIVER DETAILS			
Name		Date of Birth	
Address		Date passed UK driving test	
		Motor claims in last three years	
Tel Number		Motoring convictions/pending convictions in the last three years	
Occupation			

USE OF THE VEHICLE
Please state the exact purpose for which the vehicle was being used at the time of the incident (Private is not sufficient)

DAMAGE TO YOUR VEHICLE			
None	Minor	Serious	Vehicle immobile
Brief description of damage		Indicate areas of damage with XXXXXXXX	
			

IS YOUR VEHICLE		
a) In Use?	b) At Approved Repairer?	c) Elsewhere
If b or c, state location address of vehicle		

OTHER VEHICLE INVOLVED		Registration number	
Owner's name and address		Driver's name and address	
		Telephone number	
Insurance company name and address		Policy Number	
Brief description of damage			
WITNESSES			
In your vehicle		Independent	
Name and address		Name and address	
Did police attend?	YES / NO	Was anybody injured (other than the driver)	YES / NO
PC name/number, police station etc.		Details	
Was anybody cautioned, breathalysed?	YES / NO		
Details			

PLEASE SEE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

- 1) I/We authorise Insurers to settle this claim on my/our behalf. I/We undertake to provide whatever assistance I/we are able to give as may be required by Insurers. I/We authorise any solicitor nominated by Insurers to sign any Court document on my/our behalf.
- 2) I/We believe that the above statements are true to the best of my/our knowledge and belief.
- 3) I/We have read and understood the declarations above.
- 4) I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of policyholder		Date	
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Important 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.

DRIVERS STATEMENT
(prepared in contemplation of litigation)

I (name).....

of (address).....

Telephone number (own)..... (other contact no).....

do make this statement following a road traffic accident on (date) with the third party I now

know as (name).....

of (address).....

THE FACTS (In your own words, tell us exactly what happened including details of cars involved etc.)

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SKETCH OF ACCIDENT LOCATION

STATEMENT OF TRUTH

Proceedings for contempt of court may be brought against anyone who makes or causes to be made a false statement in a witness statement verified by a statement of truth.

- 1) I authorise any solicitor nominated by Insurers to sign any Court document on my behalf.
- 2) I believe that the facts stated in this witness statement are true.
- 3) I have read and understood the declarations above.

Signature:.....

Date:



Drivers Statement - Notes for Policyholders

Changes in the civil justice system in the UK - the Woolf Reforms - are aimed at making the resolution of disputes quicker, cheaper and simpler by shortening time limits available for investigations and promoting earlier settlements.

It is therefore vital for insurers to get the full details of any accident quickly, so they can deal with the claim as effectively as possible. The purpose of the Statement overleaf is to record some specific details and the circumstances of any accident.

The Statement should be hand-written by the driver of the insured vehicle. The following notes will help in completing the Statement.

The Driver should note and understand that proceedings for contempt of court may be brought against anyone who makes or causes to be made a false statement in a witness statement verified by a statement of truth.

- 1) The driver of the vehicle at the time of the accident should complete this Statement as soon after the accident as possible, while the incident is still clear in their mind.
- 2) The driver should complete his/her full name and address and give both their own telephone number and the telephone number of a family member in the event that we need to make contact and are unable to do so.
- 3) Make sure that the driver keeps the facts of the accident accurate and to the point. We want to establish what actually happened.
- 4) The driver should indicate who he/she believes is responsible for the accident and why. (E.g. "I hold the other driver wholly responsible for the accident as he pulled out in front of me/drove into the rear of my vehicle/did not signal his intentions/was going too fast... etc.")
- 5) If the driver believes he/she is at fault for the accident, then he/she should say so clearly. However, they should understand that such a statement will **BE BINDING AND CANNOT BE RETRACTED AT A LATER DATE.**
- 6) A sketch plan of the accident location will assist in showing the direction and point of impact of the vehicles, and will confirm the information on the report form.
- 7) The driver should sign and date this Statement.

Please send the completed form as soon as possible to:

**First Select Insurance Services Ltd
2nd Floor
32-38 Scrutton Street
London
EC2A 4RQ**

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