

# MOTOR ACCIDENT/THEFT REPORT FORM

**IN ALL CASES – COMPLETE SECTIONS A-D, AND G**

**FOR ACCIDENTAL DAMAGE (including Fire, Malicious Damage, etc.) – COMPLETE SECTION E**

**THEFT (including Attempted Theft) – COMPLETE SECTION F**

**IF YOU ARE NOTIFYING AN INCIDENT AND DO NOT INTEND TO CLAIM UNDER THE POLICY – PLEASE INDICATE THIS ON THE FIRST PAGE**

Please return completed Report Form to:

Osborne & Sons Ltd 2 Rose Hill Sutton Surrey SM1 3EU
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## **To avoid delay in dealing with your claim**

- Complete the relevant parts of this form and return to the address shown above as soon as possible
- Ensure the information provided is clear, accurate, and complete
- Do not use dashes
- Quote your policy number on every communication until you are notified of the claim reference number
- Remember to sign and date the form
- Support the claim with any relevant estimates/invoices

**NOTES:** For general guidance only;

Please refer to your policy documentation for the terms and conditions which apply to your policy.

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## NOTIFICATION

You are required to give details of any accident, loss, or damage and all subsequent developments as soon as reasonably possible, even if you do not wish to claim under your policy.

## THIRD PARTY CLAIMS

Any Third Party communication or any legal document must be sent to us immediately and unanswered. You must not admit, deny, negotiate or promise to pay any claim without our written consent.

## THEFT OF VEHICLE

Most stolen vehicles are eventually recovered and restored to their owners, and it is normal to wait a reasonable period of time before settlement of the claim is finalised. You should complete and return this form to us as soon after the theft as possible, together with the following documents if applicable: a) Vehicle Registration Document, b) Test Certificate, c) Purchase Invoice, d) Finance/Leasing Agreement, e) Plating Certificate, f) Servicing Documents, g) Vehicle Keys (all sets).

## UNINSURED LOSSES

**If you incur loss or expense not covered by your policy – e.g. policy excess – you may pursue recovery from any person responsible for the accident. If you have legal assistance, or uninsured loss recovery insurance, you may be able to obtain help with recovery.**

## PREMIUM

Making a claim may affect your No Claim Discount or renewal premium. In some cases a No Claim Discount may be reinstated, e.g. if we make a full recovery of our outlay and if you recover, in full, any uninsured losses.

IF YOU DO NOT WISH TO CLAIM UNDER THE POLICY AND ARE PREPARED TO DEAL WITH ALL CLAIMS ARISING FROM THE ACCIDENT/LOSS YOURSELF NO MATTER WHAT THE OUTCOME, PLACE A TICK IN THE BOX PROVIDED IN THE SECTION ENTITLED "DECISION NOT TO CLAIM" AND COMPLETE ALL OTHER RELEVANT SECTIONS.

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. NOTE: Please use separate sheet(s) of paper to respond to questions if there is insufficient space on the form.

## DECISION NOT TO CLAIM

Do not wish to claim under the policy, **Yes/No**. Please complete all other relevant sections. Then sign and date the declaration.

### A. POLICYHOLDER

Policy Number	Claim Reference (if known)
Name	
Address  Postcode	Business or Occupation
Telephone Number	Are you registered for VAT? <b>Yes/No</b> If 'Yes', state rating (full, partial or exempt) % if partial

B. PERSON DRIVING OR IN CHARGE OF THE INSURED VEHICLE

Full Name	
Address	Date of Birth
Postcode	Occupation
Telephone Number	Relationship to the policyholder (e.g. employee)
Type of Driver's Licence Held? <b>Full/Provisional</b>	Details, including groups covered and current period of any other licences held (e.g. HGV 1/2/3, PCV)
Date UK driving test passed	

Is the driver or person in charge of the vehicle the main user?

**Yes/No**

If **'No'**, please give further details:

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1. Has the driver or person in charge of the vehicle had any other accident, loss or claim in connection with any motor vehicle during the past 5 years?

**Yes/No**

2. Has he/she been convicted of any offence (including fixed penalty notices) in connection with any motor vehicle during the last 5 years?

**Yes/No**

3. Has the driver's licence been suspended or the driver disqualified at any time?

**Yes/No**

4. Has the driver had any condition which could affect fitness as a driver e.g. diabetes, epilepsy heart condition, physical or mental illness or disability?

**Yes/No**

If you have answered **'Yes'** to any of the above, please give details below:

Use separate sheet if necessary
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**C. INSURED VEHICLE**

<b>Registration Number</b>	<b>Make/Model</b>	<b>Year of Manufacture</b>	<b>CC</b>

<b>GVW if applicable</b>	<b>Date first registered</b>	<b>Date of Purchase</b>	<b>Chassis No.</b>

<b>Purchase Price</b>	<b>Estimated Current Value</b>	<b>Type of Body e.g. Refrig/Tipper</b>	<b>Seating Capacity</b>

Name and address of owner

Postcode

Name and address of registered keeper

Postcode

If the vehicle is the subject of any hire, lease or finance agreement (including hire purchase), please give details:

Are safety belts fitted to every seat?  
**Yes/No**

If '**No**', give details

**Commercial Vehicles Only**

Operator's licence details

**D. USE OF THE INSURED VEHICLE**

State the exact purpose for which the vehicle was being used ("Business" or "Private" is not sufficient)

Was the vehicle being used with the Policyholder's knowledge and consent?  
**Yes/No**

If '**No**', give details

No. of passengers being carried (excluding driver)

Relationship of passengers to driver (e.g. employee)

Detail of load (including weight) and name and address of owner.

Details of any trailer and name and address of owner.

Was a tachograph in operation? **Yes/No**

E. ACCIDENT

Date and Time

Location: Street/Town/County

Was it: **Daylight/Dark**

Was street lighting in operation? **Yes/No**

Were police involved? **Yes/No**

If **'Yes'**, give police officer's name, number and station

Weather conditions/condition of road surface?

What speed limit was in force?

Give description of accident (include details of statement of blame or admission of liability and by whom). Sketch layout of road(s) and show approximate measurements; names of roads; position of vehicles and persons involved; the direction in which vehicles travelling; the registration marks of all vehicles (where known); any road markings, road signs, traffic lights, street lights, pedestrian crossing and any other relevant information. Use separate sheet if necessary.

Do you accept that you were responsible for the accident? **Yes/No**

Witness details

Name	Address	Where was the witness?

	Insured Vehicle	Third Party Vehicle 1 Registration No: Make and Model:	Third Party Vehicle 2 Registration No: Make and Model:
What was the speed immediately before impact of:			
What warnings/signals were given by driver of:			
What lights were operating on:			
Indicate by an arrow the point of initial impact on:	<b>F VEHICLE R</b>	<b>F VEHICLE R</b>	<b>F VEHICLE R</b>
Details of damage			
Name and address of third party			
Name, address and reference of third party insurer			

Is the insured vehicle still in use?                    **Yes/No**

If **'Yes'**, is an estimate attached?                    **Yes/No**

If the insured vehicle is not in use, where is it now?
Who should we contact to make an appointment to inspect the vehicle?

If necessary, may we move the vehicle to an approved repairer?                    **Yes/No**

**Details of other property involved:** (If no other property was involved please write 'None')

Name and address of owner	Details of property	Apparent damage



Give details of any extras fitted to the vehicle:

Give details of any other recent expenditure on the vehicle:

Was theft reported to Police? if so give officer's name, number and station

Crime Reference:

Property stolen from the Insured Vehicle/Trailer (if Policy cover provided)

Name and address of owner	Description of the articles stolen. Send receipts if available, otherwise please state where and when acquired and price paid	Replacement price	Amount claimed allowing for wear and tear

#### G. DECLARATION

I/We hereby declare that the information given is true to the best of my/our knowledge and belief.

I/We agree to give any further information required.

I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Policyholder

Job Title/Position Date

Signature of Driver or person in charged of vehicle Date