Tradewise Insurance Services Ltd

PRIVATE CAR ACCIDENT REPORT FORM

Link House
292-308 Southbury Road,
Enfield, Middlesex EN1 1TS
Tel: 0844 620 1234
Claims Department Fax: 020 8350 2350

ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED FULLY AND IN BLACK INK. ALSO NOTE THAT ANY ATTEMPT TO DEFRAUD UNDERWRITERS WILL RESULT IN CRIMINAL PROSECUTION.

Policy Number _____ Claim Reference _____

SECTION ONE – POLICYHOLDER – A CLEAR UP TO DATE PHOTOCOPY OF YOUR DRIVING LICENCE MUST ACCOMPANY THIS FORM. DELAYS WILL OCCUR IF DOCUMENTATION IS OMITTED.

Full Name _____ Date of Birth _____

VAT Registration Number _____

Trading Title _____

Private Address _____

Business Address _____

Full Time Occupation _____

Part Time Occupation _____

Private Tel _____ Business Tel _____

Mobile Tel _____ Email _____

Type of Licence _____

Licence Number _____

Date Test Passed _____

Please give details of ALL previous convictions, including non-motoring convictions and convictions pending. If none, state none.

Date of Conviction	Conviction Type and Circumstances	Fine / Sentance

Please give details of previous accidents/claims/losses. If none, state none.

Date of Incident	Circumstances	Cost

Give details of any physical defects or infirmities _____

Have you ever had Insurance cancelled or refused? _____

Do you have any other Motor Insurance policies? _____

If yes, give insurers details. _____

SECTION TWO – DRIVER (OR LAST PERMITTED DRIVER) DETAILS. ONLY COMPLETE THIS SECTION IF DRIVER IS DIFFERENT FROM POLICYHOLDER. (A CLEAR UP TO DATE PHOTOCOPY OF THIS PERSON'S DRIVING LICENCE MUST ACCOMPANY THIS FORM. DELAYS WILL OCCUR IF OMITTED).

Name | Date of Birth

Address

Full Time Occupation | Part Time Occupation

Private Tel | Business Tel

Mobile Tel | Type of Licence

Licence Number | Date Test Passed

Relationship to Policyholder

Please give details of previous convictions including non-motoring convictions and convictions pending. *If none, state none.*

Please give details of previous accidents/claims/losses. *If none, state none*

Give details of any physical defects or infirmities

Has driver ever had any insurance cancelled or refused?

Does driver have any Motor insurance policies in their own name? *If yes, give insurers details*

SECTION THREE – USAGE OF VEHICLE

State exact use of the vehicle at the time of the incident. The words BUSINESS/PLEASURE/SOCIAL are not sufficient.

State exact details of the journey. Travelling from to

Was vehicle being used with Policyholder's consent?

Were any goods being carried?

SECTION FOUR – PARTICULARS OF VEHICLE / OWNERSHIP

Vehicle Make/Model

Registration Number | Date of Registration

Engine Size | Colour | Mileage

Import? | Date of Purchase | Price Paid

Left Hand Drive? | Method of Payment | Current Value

Name and Address of person/company from whom vehicle was purchased?

MOT Reference Number MOT Expiry Date

Does the vehicle have a current Road Fund Licence? Expiry Date

Has the vehicle been modified? If yes, give full details

Was there any pre-incident damage? If yes, give full details

What was the general pre-incident condition of the vehicle

Give details of any recent repair/maintenance work on the vehicle

Does the vehicle have any distinguishing features?

Give details of any HP company interest in the vehicle

Is the vehicle registered to the Policyholder? (If No please provide the Registered Keepers details)

Name Relationship to Policyholder

Address

Telephone Number

If log book is not in the Policyholders name state reason

SECTION FIVE – THE ACCIDENT SCENE

Date Time

Location

If incident occurred on premises state type of property

Weather and Road conditions What was the speed limit in force?

What Road signs and markings were there? What was the width of the Road?

Was the driver breathalysed following incident? If yes, positive or negative?

	Insured	Third Party
Speed of vehicle prior to incident		
Distance from near side of kerb		
What lights were displayed?		
What signals were given?		
What warnings were given?		

SECTION SIX – ACCIDENT DESCRIPTION AND DIAGRAM

Who was to blame for the incident in your opinion?

Please provide a detailed explanation of exactly how the incident occurred.

Please draw a sketch of the road(s) showing the position of the vehicles at the point of impact. Indicate direction and track by arrows. Please show road signs and markings, pedestrian crossings and direction of nearest towns.

SECTION SEVEN – DAMAGE TO YOUR VEHICLE
(If Comprehensive cover forward two competitive estimates)

Describe damage to vehicle

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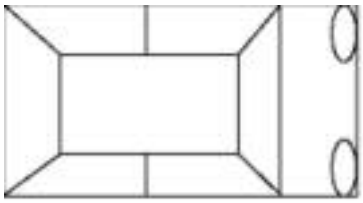
.....

.....

Show Area of Impact using x's



What is the estimated cost of repair?

Where and when can the vehicle be inspected?

Name and Address of Repairer

Telephone

SECTION EIGHT – THIRD PARTY DETAILS
Details of other vehicles and property involved not owned by you or in your custody or control.

Make of vehicle and Registration Number	Damage Details	Was vehicle mobile after incident?	Name/Address/Tel Number of owner and/or driver	Name and Address of Insurer	Policy Number	How many passengers were in this vehicle

Was anybody injured as a result of the incident?

If yes, please give details of Injuries (including injuries to your passengers)

Name, Address and Tel Number of Injured Person	Approx Age	Nature of Injuries	State if pedestrian, own passenger or passenger in other party vehicle. If other party state vehicle injured party was travelling in.	Was seatbelt worn?

Did an Ambulance attend the scene?

Was anybody taken to Hospital? Were they detained?

If yes, give name and address of Hospital

Has any claim been intimated against you, either verbally or in writing?

PLEASE ENSURE YOU FORWARD ANY THIRD PARTY CORRESPONDENCE, NOTICE OF PROSECUTION OR OTHER PROCEEDINGS IMMEDIATELY UPON RECEIPT.

SECTION NINE – POLICE DETAILS

Was the incident reported to the Police?

If yes, provide name and address of Station

Police Incident Reference

Is any prosecution of the driver likely? If yes, give details

SECTION TEN – WITNESS DETAILS

Please provide details of all witnesses.

Names/Addresses of own passengers	Names/Addresses of any other witnesses

SECTION ELEVEN - ADDITIONAL INFORMATION

Please provide any additional information which may be helpful to us in dealing with your claim.

SECTION TWELVE - DECLARATION – (Please read carefully before signing)

I declare that the above statements are true and correct to the best of my knowledge and belief. I hold no other policy in addition to this one indemnifying me in respect of this claim. I have not withheld from the Insurers any information with my knowledge connected with the loss and I agree to provide the Insurers with any further information or documentation as may be required. If my vehicle is a total loss I agree that the company have my permission to remove the vehicle to safe and free storage pending settlement of this claim. I understand that any attempt to make a fraudulent claim will result in prosecution. I agree that my Insurer should deal with any Third Party claim as they see fit.

Signature of Driver or Last Person in Charge of Vehicle Date

Signature of Policyholder Date

Driver and Vehicle Licensing Agency

Driving entitlement consent form

– three year mandate

D796

Notes for guidance

Please read the notes before filling in this form.

1 This form should only be filled in to confirm an individual's entitlement to drive. It must be filled in and signed in all cases by the driver. Forms without a signature will not be accepted.

2 If the details on your driving licence are not up to date, return it to us and tell us what changes are needed. It is a legal requirement that you tell us immediately of a change to your permanent address or name. You could be fined up to £1000 if you do not notify us of these changes.

3 If you are a bus or lorry driver and have passed driver certificate of professional competence (CPC) initial test modules, or completed periodic training since 10 September 2008 (for bus drivers), or 10 September 2009 (for lorry drivers) and you need these details included in your response please fill in section 3 with your driver qualification card (DQC) number if known. **Please do not fill in section 3 if you do not hold a GPC qualification. The driver GPC information will be sent to the company separately from your driver record details.**

If you have any queries regarding driver GPC please contact the Driving Standards Agency in the following ways:

- Phone 200 1122
- Email customer.services@dsa.gsi.gov.uk (referring to 'Driver CPC Enquiry')

4 In some instances, the company requesting details of your driver record may be making the request on behalf of the company you have a relationship with.

5 DVLA has a duty under the Data Protection Act 1998 to protect personal information. To ensure adequate protection, DVLA require the specific consent of the driver before releasing information. This information will only be released for the purpose of confirming entitlement to drive and will be held in accordance with the Data Protection Act 1998.

6 If you wish to withdraw consent you may do this at anytime under the Data Protection Act 1998. Check with your employer whether they would prefer your withdrawal of consent verbally or in writing. It is your responsibility to obtain acknowledgement of your withdrawal of consent.

7 If you leave your current employer or cease to drive in connection with the named company your consent becomes automatically invalid. If you are re-employed by the same company a new consent form will be required.

Warning

Failure to provide sufficient information about your company or the driver you are enquiring about, or failure to sign the declaration will result in your application being rejected.

It is a criminal offence under section 55 of the Data Protection Act 1998 to unlawfully obtain or disclose (or procure the disclosure of) personal data from Data Controllers without the data subject's consent. It is also an offence to sell personal data that is illegally obtained. Convictions for offences are punishable in a Magistrates Court by a fine of up to £5000 or by an unlimited fine in a Crown Court.

Any legitimate complaints received from a driver whose details have been obtained unlawfully may be passed to the Information Commissioner to consider prosecution. If we have evidence that information has been obtained or used inappropriately we may refuse future applications.

INVESTORS IN PEOPLE

An executive agency of the Department for Transport

IMPORTANT: Please read the notes over the page before filling in this form – Please write clearly in BLACK INK using CAPITAL LETTERS.

D796

1 Company details (to be filled in by the company making the enquiry):

Company name and address (the company):

Postcode:

Account number:

Reference number:

Please delete as appropriate:

Are you making an enquiry on behalf of another company?

Yes | No

If yes, company name must be entered below.

2 Driver details (to be filled in by the driver):

Surname:

First name:

Middle name(s)

Date of birth: / /

Driver number:

Current address:

Line 1

Line 2

Line 3

Post town

Postcode:

Address on licence (if different):*

Line 1

Line 2

Line 3

Post town

Postcode:

* You must tell DVLA of any changes to your address. Failure to do so could result in a fine of up to £1000

3 CPC information (please see notes over the page):

Please delete as appropriate:

Do you require CPC information?

Yes | No

DQC number

4 Driver declaration (to be filled in by the driver):

IMPORTANT: Please read the notes over the page before signing this form

Declaration:

Being the person referred to in section 2 above, I authorise the company or companies listed in Section 1 above to ask DVLA for my driver record information as and when they require, at a frequency they shall determine. I understand that the company I authorise to ask for my driver record information may use an intermediary company to make the enquiry with DVLA on their behalf.

I authorise and direct DVLA to disclose to the company or companies in Section 1, all relevant information relating to my driver record from the computerised register of drivers maintained by DVLA. This includes personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC details (where appropriate). Medical information is not to be provided.

This authority will expire when I cease to drive in connection with the company and in any case three years from the date of my signature.

SIGNATURE: DATE:

Printed by TOPS, Rainham, Essex RM13 9YA. Tel: (01708) 522117 TW048 09/10.