

ACCIDENT REPORT FORM

We wish to make the processing of your claim as quick and trouble-free as possible. In order to do so, please ensure that all relevant questions are answered fully and clearly. Please return the completed form to your broker as soon as possible.

Policyholder

Policyholder		Policy Number	
Address			
		Postcode	
Email Address		Mobile Tel No	
Telephone Number		Fax No.	
Occupation / Business			
Are you the registered owner? If no please provide details			
Are you registered with Customs & Excise as taxable for vat?		If partially exempt what % can you reclaim?	

Details of Driver or last person in charge of the vehicle

THIS SECTION MUST BE COMPLETED IN FULL			
Name		Date of Birth	
Occupation		Telephone Number	
Address			
Relationship to Policyholder (e.g. employee)			
How long have you been employed by Policyholder?			
State class of licence held & date of passing driving test for vehicle involved in the incident			
Give details of all motoring convictions or prosecutions pending (i.e. charge : date : penalty)			
Give details of all accidents or losses in the last three years			
Give details of any physical defect, infirmity, defective vision or hearing			

Vehicle Details

Make / Model		Year of make		Reg. no.	
Type of body and no. of seats		Commercial vehicle Gross Vehicle Weight (GVW)			
For what purpose was the vehicle being used?					
If goods were being carried for business purposes please state below the nature of the load					
Is there any outstanding finance or Hire Purchase on this vehicle? If yes please provide the name and address of the company.					

Unit 26, Ormeau Business Park, 8 Cromac Ave, Belfast, BT7 2JA
Telephone : 028 9623 7284 Email : niclaims@blagrove.com

Please provide a sketch and photographs if available of the accident and include the width of the roads, type and position of all road signs & markings, direction of travel of all parties and the points of impact(s)

In your opinion who is to blame for the accident and why?

Passengers in your vehicle continue on the separate page provided

Please confirm the names, addresses and telephone numbers of all passengers in your vehicle

Witnesses continue on the separate page provided

Please confirm the names, addresses and telephone numbers of all independent witnesses to the incident

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Other parties involved. Please confirm the names, addresses and tel. no's of all other parties involved (if necessary continue on the separate page provided)			
Name & address of driver			
Name & address of owner		Telephone number	
Vehicle make / model / registration no.		Number of occupants	
Damage / point of impact			
Name, address, policy no. of Insurers			
Name & address of injured persons			
Were the injured parties; vehicle driver, passengers, pedestrians or cyclist			
Were seat belts fitted to all vehicles?		If "Yes" were they in use at the time of the incident?	
Please confirm details of all apparent injuries			
Taken to hospital?		Hospital attended?	
Immobile Property Damage: Name & address of owner & extent of damage caused			

Declaration (please read carefully)

<p>I/We declare that to the best of my/our knowledge and belief the details given are true. I/We understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. If the vehicle is beyond repair, I/We authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give consent as may be considered necessary for the disposal of such claims and litigation arising. I/We authorise the release of relevant DVLA records.</p> <p>I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will render every assistance required by the Underwriters.</p>			
Policyholder's or Company Official's Signature		Date	



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PLEASE USE FOR ANY ADDITIONAL INFORMATION YOU FEEL NECESSARY.



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