



MOTOR ACCIDENT REPORT FORM

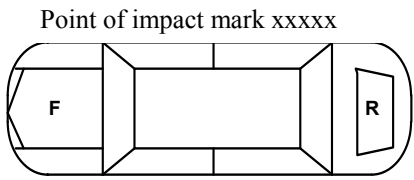
The insured, hirer, driver are requested to answer all questions fully, dashes and ticks are NOT acceptable

RENTAL COMPANY Full Name ..... Certificate Number .....
Address .....
Telephone No..... Fax No .....
Occupation: SELF DRIVE HIRE OPERATORS

INSURED VEHICLE Make..... Model..... cc..... Year..... Reg No.....
Is the vehicle owned by the insured? YES/NO Name and address of hire purchase or leasing company if any.....
Agreement Number .....
If a commercial vehicle state class of licence..... Carrying capacity of vehicle.....

EXTENT OF DAMAGE TO INSURED VEHICLE

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Name and address of Repairers..... Telephone Number .....
Is the vehicle in use? YES/NO Where may our engineer inspect the vehicle?.....
Do you hold more than one policy indemnifying you in respect of this accident?.....
Are you registered for VAT? YES/NO If YES, do you obtain full remission of input tax or what percentage are you able to recover?..... Are you a member of the AA or RAC.....

DRIVER OR PERSON IN CHARGE OF VEHICLE Full Name..... Occupation.....
Address.....
Telephone No..... Date of Birth.....
Driving Licence Number..... Groups..... Full/Provisional.....
Details of all previous police convictions..... Date test passed in UK.....
Was any breathalyser taken or refused following this accident? YES/NO If YES, was it POSITIVE/NEGATIVE
Give details of any police prosecution pending ..... Was a seat belt being worn? YES/NO
Was he driving within the scope of his authority and with your knowledge and consent?.....
Was he authorised to drive under the terms of the Rental Agreement? YES/NO
Has he ever been refused motor insurance or continuance thereof by any company or underwriter?.....
If a member of staff, how long has he been in your employ?.....
Has the driver any disability, medical condition or impairment of sight or hearing? (If so, give full details).....

PASSENGERS IN INSURED'S VEHICLE (It is very important these details be furnished)
Front seat..... Age..... Injury..... Seat belt worn? YES/NO Tel.....
Rear seat ..... Age..... Injury..... Seat belt worn? YES/NO Tel.....
Rear seat..... Age..... Injury..... Seat belt worn? YES/NO Tel.....
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