

Motor Vehicle Accident Form



Please return claim form to: Mastercover, Warwick House, 2 Oaks Court, Warwick Road, Borehamwood WD6 1GS

Claim No:

Policy details

Policyholder: _____ Date of Birth: _____

Policy Number: _____

Main Occupation: _____

Second Occupation: _____ VAT Reg: _____

Tel. No. Day: _____ Mobile: _____

Details of driver (or last person in charge if vehicle unattended)

Full Name: _____ Date of Birth: _____

Postcode: _____ House No: _____

Occupation: _____ Full/Part Time: _____

Relationship of driver to Policyholder: _____

Type of Driving Licence: _____ How long held: _____

Country of issue: _____

Details of any previous incident within the last 3 years: _____

Details of any convictions in the last 5 years: _____

Details of any illness or physical disability: _____

Vehicle

Make: _____ Model: _____ CC: _____

Year of Make: _____ Registration: _____ Date of Purchase: _____

Details of vehicle modifications: _____

Who owns the vehicle: _____ Current Mileage: _____

Use

Purpose of Journey: _____ Vehicle used in connection with Employment: _____

Type of goods carried: _____ Own Goods? _____

Was a trailer attached: _____ Type: _____

Damage to policyholders vehicle/trailer

Extent of Vehicle Damage: _____ Area: _____

Labour Cost: _____ Location of Vehicle: _____

Extent of Trailer Damage: _____ Area: _____

Labour Cost: _____ Location of Trailer: _____

Is the vehicle driveable? Yes No

Circumstances surrounding the accident

Date: _____ Time: _____

Location: _____

Accident Description: _____

Please provide sketch plan of accident showing vehicles involved, traffic signs etc.

Whom do you consider to blame for the accident: _____

Weather conditions: _____ Visibility: _____ Road Surface: _____

Road width: _____ Speed Limit: _____ Your speed: _____

Lights displayed: _____ Signals displayed: _____ No. of passengers: _____

Police attending: _____ Police Station: _____ Police Officer: _____

Third parties involved

| | | |
|--------------------------------|--|--|
| Name: | | |
| Address: | | |
| | | |
| | | |
| Vehicle & registration number: | | |
| Insurers: | | |
| | | |

Witnesses

| | | |
|----------|--|--|
| Name: | | |
| Address: | | |
| | | |
| | | |

Injured parties

| | | |
|-----------|--|--|
| Name: | | |
| Address: | | |
| | | |
| | | |
| Injuries: | | |
| | | |

Declaration

For **Data Protection Act purposes**, I/we acknowledge that any personal data secured from me/us as a result of submission of this claim will be held and processed for insurance administration and claims investigation. For this purpose, the information may also be passed to selected third parties and reinsurers.

I/We consent to you processing sensitive data about me/us and other persons who may be insured under the contract. I/We understand that all personal data I/we supply must be accurate, and I/we have the specific consent of those other persons insured to disclose their personal data.

I/We declare that to the best of my/our knowledge and belief that the foregoing particulars are true in every aspect. I/We request you to deal on my/our behalf with the claims arising herein, in accordance with the terms and conditions of the above mentioned policy and I/we authorise you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom. I/We understand that you may seek information from other Insurers to check the answers I/we have provided. Telephone calls may be recorded.

Signature of Policyholder _____ Date: _____

Important notice - please read carefully

Insurers and their agents 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. We also make enquiries with credit reference agencies who may note that an enquiry has been made about you.

Ageas Insurance Limited

Registered office address Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA

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