

**IMPORTANT NOTE** Please complete every question. Failure to complete all areas may result in a delay in dealing with this claim.

For office use

**Policyholder**

Accident date \_\_\_\_\_

Are you registered with H.M. Customs & Excise as a taxable person for VAT? \_\_\_\_\_ If yes, what percentage can you recover \_\_\_\_\_

**Vehicle**

Registration \_\_\_\_\_ Make/model \_\_\_\_\_ Doors \_\_\_\_\_

Date on fleet \_\_\_\_\_ Colour \_\_\_\_\_ Year of manufacture \_\_\_\_\_ Current value \_\_\_\_\_

Is the vehicle leased? Yes  No  Is there any outstanding H.P./Financial Interest? Yes  No

If yes provide details below\*

Is the vehicle still in use? Yes  No  Was the vehicle towed to a garage? Yes  No

Where can the vehicle be seen? \_\_\_\_\_ \*Lease/H.P./Finance Co. details \_\_\_\_\_

If repairs will not be economic we may wish to move the vehicle to safe and free storage. We should appreciate your permission to do this. If you decline you could become liable for any additional charges which are then incurred. **May we move the salvage?** Yes  No

**Use**

State reason for journey (private is not sufficient) \_\_\_\_\_

Travelling from \_\_\_\_\_ to \_\_\_\_\_

Was the vehicle being used for business? Yes  No

If yes, give details of goods/samples carried and weight of load \_\_\_\_\_

If a person other than the Insured was driving, was it with your permission? Yes  No

**Driver/or last person in charge of vehicle (even if vehicle was parked and left unattended) THIS SECTION MUST BE ANSWERED**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Driving licence (full/provisional) \_\_\_\_\_

Date test passed \_\_\_\_\_

Is Driver main user?

Has driver (a) Ever been convicted or is prosecution pending? Yes  No

(b) Been involved in any accident or made any claim in the last 3 years? Yes  No

(c) Ever been refused insurance, had a policy cancelled, renewal declined or special terms imposed? Yes  No

(d) Any mental or physical infirmity? Yes  No

Disabilities \_\_\_\_\_

Details of convictions \_\_\_\_\_

Accident/theft details \_\_\_\_\_

**Third Party Vehicle**

Name and address of driver \_\_\_\_\_ Postcode \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name and address of owner \_\_\_\_\_ Postcode \_\_\_\_\_ Tel. No. \_\_\_\_\_

Registration Number and details of damage \_\_\_\_\_

Name and address of Insurers and Policy Number \_\_\_\_\_ Postcode \_\_\_\_\_ Tel. No. \_\_\_\_\_

**Third Party Property**  
 Name and address of owner \_\_\_\_\_ Postcode \_\_\_\_\_ Tel. No. \_\_\_\_\_

Details of damage \_\_\_\_\_

Injuries Names and addresses	Third party or passenger?	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Age(s)	Nature of injury	Was hospital treatment given? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Witnesses names and addresses**

A. All independent witnesses

B. All passengers in insured vehicle

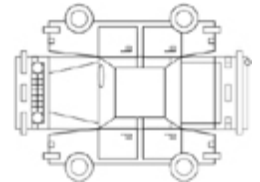
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SKETCH PLAN - please show road names and relevant markings

Indicate area damaged by marking with X

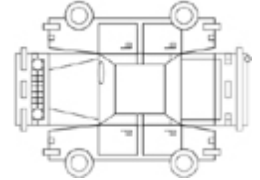
Your vehicle

Number of occupants  
\_\_\_\_\_



Third party vehicle

Number of occupants  
\_\_\_\_\_



**Accident details**

Date \_\_\_\_\_ Time \_\_\_\_\_ Exact location i.e. Town/Village \_\_\_\_\_

Name of Road(s) \_\_\_\_\_ Street lighting \_\_\_\_\_

Width of Road \_\_\_\_\_ Distance of insured vehicle from nearside \_\_\_\_\_ Speed Limit \_\_\_\_\_

Speed of vehicles:  
 Insured vehicle \_\_\_\_\_ Third Party vehicle \_\_\_\_\_

What warning or signal was given by  
 Insured \_\_\_\_\_ Third Party \_\_\_\_\_

What was the condition of the  
 Road \_\_\_\_\_ Weather \_\_\_\_\_

What lights were displayed by the  
 Insured \_\_\_\_\_ Third Party \_\_\_\_\_

Was the accident reported to the police? Yes  No  Were statements taken? Yes  No

Reporting Officer's No. \_\_\_\_\_ Station \_\_\_\_\_ Station tel. No. \_\_\_\_\_

**Accident Circumstances - If you need more space, please use a separate piece of paper and attach it to this form**

**Who in your opinion was to blame** \_\_\_\_\_

You are reminded that the Policy conditions require that every letter, writ, summons and process must be notified or forwarded to Rival Insurance Services Limited immediately on receipt. You must also tell us of any impending prosecution, inquest or fatal injury.  
 Do NOT attempt to deal with any Third Party claim yourself or make any offer or admission of liability.

Insurers pass information to various anti-fraud and theft registers. The aim is to help us check information provided and also to prevent fraudulent claims

I/WE NEREBY DECLARE that the above statements are true to the best of my/our knowledge and belief, and that the vehicle is not insured under any other policy.  
 I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Insured driver \_\_\_\_\_ Date \_\_\_\_\_