



ROAD TRAFFIC ACCIDENT QUESTIONNAIRE

Please complete all sections in BLOCK CAPITALS. If any section is not relevant please state "N/A".

REGISTERED OWNER DETAILS

Full Name:

Address:

Postcode:

Home Tel:

Mobile Tel:

Work Tel:

Date of Birth:

National Insurance No:

Insured With :

Policy Number :

Cover : COMP – TPFT – TPO

VEHICLE DETAILS :

Policy Type : Private Business Commercial Trade Other

VRM :

VIN NO :

Vehicle Make:

Vehicle Model:

Colour :

DRIVER DETAILS (To be completed if the Driver is NOT the Registered Owner of the Vehicle)

Name :

D.O.B:

Address :

N.I No:

Post Code :

Contact Phone No :

Insured With :

Policy Number :

Cover : COMP – TPFT – TPO

Relationship with Driver ?

Policy Type :

ACCIDENT DETAILS

Date of Accident:

Time of Accident: am / pm

Location of Accident:

Were you wearing your seatbelt at the time of the accident? Yes / No

What was the weather condition like at the time of accident ?

Was there any passengers with you ?

Was there anyone else who was Injured ? Yes / No

Purpose of Journey?

Who do you consider responsible for the accident & why?

Any other Accidents In the Last 3 Years ? "Fault" or " Non Fault" ...

VEHICLE DAMAGE DETAILS (To be completed if you were the driver)

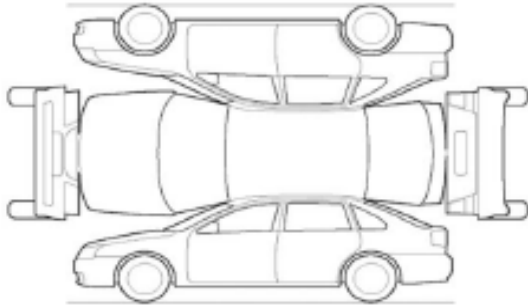
Vehicle Make:

Vehicle Model:

Vehicle Reg:

What happened to your vehicle after the accident?

Please describe & Mark the damage Sustained to you Vehicle from this accident



Was your Vehicle Recovered? Who recovered the vehicle & why was a Recovery Needed ?

Has your vehicle been repaired or booked in for repairs?

If so, please provide any invoices/ receipts for repairs.

Was your vehicle placed in storage?

If your vehicle is still in storage please remove it immediately as this sum may not be recoverable.

THIRD PARTY DETAILS

(To be completed if you consider the other party responsible for the accident)

Third Party's Name:

Third Party's Full Address:

Postcode:

Third Party's Home Tel:

Work Tel:

Mobile Tel:

Third Party's Insurance Details (Inc Policy Number):

Vehicle Make:

Vehicle Model:

Vehicle Reg:

tyColor:

POLICE

Were the Police Call ? Yes / No - *If YES Please Provide Log No : -*

Did the Police attend? Yes / No - *If yes, please state : -*

Which Police Force ?

Name / Number of the Officer (*If Known*)

WITNESSES

Did anyone witness the accident? Yes / No

If yes, please provide their names, addresses and their relationship to you:

ACCIDENT PLAN

Please draw below a sketch plan of the accident identifying: -

The exact location of the accident including road names and landmarks & Explain how the accident occurred in the space provided,

Your car (mark as A)

The other car (mark as B)

The direction your car was travelling

The direction the other car was travelling

Where you was going?

The point of impact

MEDICAL DETAILS

Did you attend your GP?

Yes/ No

GP Name and Address:

Date Attended?

Phone no :

Did you attend Hospital?

Yes/ No

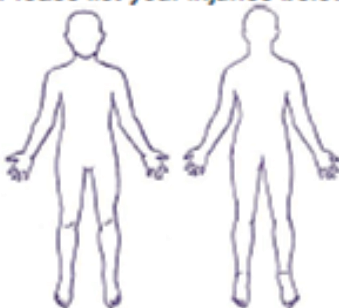
Hospital Name and Address:

Date Attended?

Phone no :

YOUR INJURIES

Please list your injuries below and state when you recovered from each or whether your symptoms are ongoing:



Please Mark where appropriate injuries sustained on diagram Left (Front) Right (Back)

EMPLOYMENT

Employment Status : Employed Self Employed Unemployed Contract

Job Title:

Employers Name and Address:

Time off work due to Accident?

Do you receive Sick Pay from work if so how much ?

OTHERS INJURED, *After the Accident did any of your passengers Sustain any Injuries? (If Any) YES / NO*

Name :

Name :

Address

Address:

Phone No :

Phone No :

D.O.B:

NI:

D.O.B:

NI:

Injuries sustained :

Injuries sustained :

" If there are more than two additional Passengers who have sustained injuries from this Accident Please List Below in the space Provided "

Please provide any further information you think is relevant or may be useful.

I confirm that the information I have provided is true and accurate to the best of my Knowledge and that any False information may lead to invalidate my claim

Signed :

Dated :

FOR OFFICE USE ONLY : PI [] VD [] VI [] RECOVERY [] STORAGE [] HIRE []

Agent ID :

Case Id :

Referrer :

Acting Solicitors:

File Handler :

Ref: