

## Accident Report Form

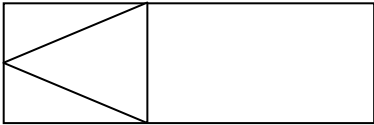
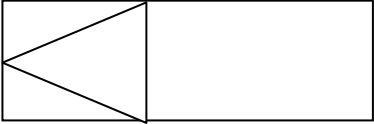
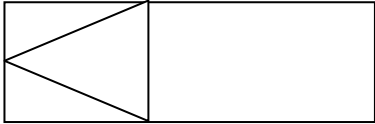
For office use

**IMPORTANT  
NOTE**

Please complete every question. Failure to complete shaded areas will result in a delay in dealing with this claim.

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Policyholder (Rental Company)	Policy No:		Policy Holder:			
	Policy Holders Address:					
	Telephone No.		Fax No.	E-mail:		
	Hirer's Name:		Telephone:			
	Hirer's Address:					
Vehicle	Reg. No.	Make/Model:	c.c.	No. of doors including tailgate:		
	Year of Manufacture:	Date of Purchase:	Price Paid: £	Current Market Value: £		
	Colour:	Carrying Capacity/G.V.W.				
	Registered Owner:					
Use	State reason for journey (private is not sufficient)					
	Was the vehicle being used for business?			Yes / No		
	If yes, give details of goods/samples carried and weight of load					
	No. of Occupants at moment of incident including Driver:					
	If 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)	<b>THIS SECTION MUST BE ANSWERED</b>					
	Name:		Date of Birth:	Age:		
	Address:					
	Occupation(s):		Is the Driver named on the Rental Agreement: Yes      No			
	Is Licence	Full      Provisional	Date Test Passed			
	Is Driver main user?			Yes      No		
	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		
	If yes answered to any of the above questions, give details below					
Third Party Vehicle(s)	Name and address of driver	Name and address of driver	Name and address of driver	Name and address of driver		
	Post Code	Post Code	Post Code	Post Code		
	Tel. No.	Tel. No.	Tel. No.	Tel. No.		
Third Party Property	Name and address of owner:		Details of damage:			
	Post Code:					
Injuries	Name and address	Third Party or Passenger	Were seat belts being worn?	Age(s)	Nature of injury	Was hospital treatment given?
	1.					
	2.					
	3.					
	4.					
	5.					

<p>Damage to insured vehicle</p>	<p>Indicate direction and area of damage</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  </div> <div style="width: 50%;"> <p>Is the vehicle leased? Yes No (If yes, provide details below*)</p> <p>Is there any outstanding HP/Financial Interest? Yes No (If yes, provide details below*)</p> <p>Is the vehicle still in use? Yes No</p> <p>Was the vehicle towed to a garage? Yes No</p> <p>If tyres damaged, state mileage covered</p> </div> </div> <p>Where can the vehicle be seen?</p> <p>Lease/HP/Finance Co. details (if applicable):</p> <p>If the policy covers the damage sustained by your vehicle and same remains in use, please obtain and forward more than one estimate for our consideration.</p> <p>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.</p> <p>May we move the salvage? Yes No</p>	
<p>Damage to third Party vehicle(s)</p>	<p>Indicate direction and area of damage</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Was the vehicle towed to a garage? Yes No</p>  <p>Make/Model: Registration Number: No of Occupants:</p> </div> <div style="width: 45%;"> <p>Was the vehicle towed to a garage? Yes No</p>  <p>Make/Model: Registration Number: No of Occupants:</p> </div> </div>	
<p>Accident details</p>	<p>Date: Time am/pm Exact Location. i.e. Town/Village</p> <p>Name of Road(s) Street Lighting: Good Poor None</p> <p>Width of road: Distance of insured vehicle from nearside: Speed Limit:</p> <p>Speed of vehicles: Insured vehicle: Third Party vehicle:</p> <p>What warning or signal was given by: Insured: Third Party:</p> <p>What was the condition of the: Road: Weather:</p> <p>What lights were displayed by: Insured: Third Party:</p> <p>Was the accident reported to the police? Yes No Were statements taken? Yes No</p> <p>Reporting Officer's No. Station:</p>	
<p>Circumstances</p>	<p>Please describe the accident circumstances and make a sketch showing positions of vehicles and direction of travel. Please show all road signs and markings. (If you need more space please use a separate sheet of paper and attach it to this form.)</p> <p>Who, in your opinion, was to blame?</p> <p>Can Insurers or their duly authorised agents admit liability on the policyholder's/driver's behalf? Yes No</p>	
<p>Witnesses</p>	<p>Names and addresses of:</p> <p>A: All independent witnesses:</p>	<p>B: All passengers in insured vehicle:</p>
<p>You are reminded that the policy conditions require that every letter, writ, summons and process must be notified or forwarded to insurers immediately on receipt. You must also tell us of any impending prosecution, inquest or fatal injury. Do <u>NOT</u> attempt to deal with any Third Party claim yourself or make any offer or admission of liability.</p> <p>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. Under the conditions of your insurance policy, you must tell us about any incident (such as an accident or theft) whether or not it gives rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.</p>		
<p>I/WE HEREBY DECLARE that the above statements are true to the best of my/our knowledge and belief, and that the vehicle is not insured except with LIBERTY SYNDICATE MANAGEMENT LIMITED. I/We understand that you may ask for information from other insurers to check the answers I/we have provided.</p> <p>Signature of insured driver: ..... Date: .....</p>		

RENTAL COMPANY: Please forward this form to: Countrywide Accident Assistance Limited, Felaw Maltings, North Kiln, 48 Felaw Street, Ipswich, Suffolk, IP2 8PN, Fax: 0845 470 7164  
E-mail: [Libertyclaims@caonline.co.uk](mailto:Libertyclaims@caonline.co.uk)