

# Motor Accident Report Form



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Policy No	<input type="text"/>	Claims Ref	<input type="text"/>	Broker	<input type="text"/>
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## 1 POLICYHOLDER

PLEASE USE BLOCK CAPITALS

Mr/Mrs/Miss/Ms	Forename(s)	Surname	Date Premium Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Home Address		Business Address	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Post Code	Telephone	Post Code	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	Date of Birth	Precise Occupation(s) (Part/Full Time)	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Employers Business	<input type="text"/>	Is the Vehicle Owner VAT Registered?	YES/NO <input type="checkbox"/>

## 2 DRIVER/USER

Mr/Mrs/Miss/Ms	Forename(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address		
<input type="text"/>		
<input type="text"/>		
Post Code	Telephone	
<input type="text"/>	<input type="text"/>	
Precise Occupation(s) (Part/Full Time)	<input type="text"/>	Employers Business
<input type="text"/>	<input type="text"/>	<input type="text"/>

a	Does the driver/user hold a UK Driving Licence Full or Provisional?	YES/NO <input type="checkbox"/>	If YES indicate whether FULL/PROVISIONAL
b	Has the licence been held for over 12 Months?	YES/NO <input type="checkbox"/>	
c	Has the driver any Motor Insurance in his/her own name?	YES/NO <input type="checkbox"/>	If YES state Insurers, Policy/Certificate No
d	Has the driver		
i	any physical or mental defect, impairment of sight/hearing diabetes or epilepsy?	YES/NO <input type="checkbox"/>	If YES give details
ii	any motoring convictions in the last 5 years or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?	YES/NO <input type="checkbox"/>	
iii	any previous accidents, losses or thefts in the last 3 years?	YES/NO <input type="checkbox"/>	
iv	any criminal convictions (or been charged with a criminal offence but not yet tried)?	YES/NO <input type="checkbox"/>	
v	any County Court Judgements registered against him/her in the past 6 years or defaulted on any credit agreement (including loans)?	YES/NO <input type="checkbox"/>	

## 3 DETAILS OF VEHICLE & USE

Make	Model	Cubic Capacity	Colour	Registration Number	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a	What is the present mileage of the car?	<input type="text"/>	What is the annual mileage?	<input type="text"/>	Estimate of Current Value
b	State the exact reason for the journey?	<input type="text"/>			
c	Travelling from	<input type="text"/>	to	<input type="text"/>	
d	Has the vehicle been modified/alterd?	YES/NO <input type="checkbox"/>	If YES give details, including Policy No and name of Insurers of other vehicles.		
e	Was the vehicle being used in connection with the occupation of the Policyholder or Driver?	YES/NO <input type="checkbox"/>			
f	Does the Policyholder own or have the use of more than one vehicle?	YES/NO <input type="checkbox"/>			
g	Is the Policyholder the owner and registered keeper?	YES/NO <input type="checkbox"/>			
h	Is the Policyholder the main user of this vehicle?	YES/NO <input type="checkbox"/>	If NO state name and address or Owner/Registered Keeper Owner's Insurers and Policy/Certificate No:		
If NO give details					

## 4 DAMAGE TO VEHICLE

OUR APPROVED REPAIRERS HAVE AUTHORITY TO COMMENCE REPAIRS IMMEDIATELY. CONTACT YOUR BROKER/AGENT FOR DETAILS.

Alternatively, submit a repair estimate.

a	Is the vehicle driveable?	YES/NO <input type="checkbox"/>	Brief details of damage
b	Extent of damage	None <input type="checkbox"/> Minor <input type="checkbox"/> Extensive <input type="checkbox"/> Beyond Repair <input type="checkbox"/>	
c	Present location of vehicle	<input type="text"/>	

IF VEHICLE IS DAMAGED BEYOND REPAIR WE MAY MOVE IT TO SAFE STORAGE - PLEASE REMOVE YOUR PERSONAL EFFECTS.

