



## MOTOR ACCIDENT REPORT FORM

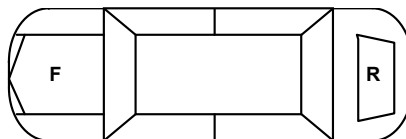
**The insured, hirer, driver are requested to answer all questions fully, dashes and ticks are NOT acceptable**

**RENTAL COMPANY** Full Name ..... Policy Number.....  
Address .....  
Telephone No..... Occupation: SELF DRIVE HIRE OPERATORS

**INSURED VEHICLE** Make.....Model.....cc.....Year.....Reg No.....  
Is the vehicle owned by the insured? YES/NO  
Name and address of hire purchase or leasing company if any .....  
Agreement Number .....  
If a commercial vehicle state Gross Vehicle Weight.....

### EXTENT OF DAMAGE TO INSURED VEHICLE

Point of impact mark xxxxx



Name and address of Repairers.....  
Telephone Number.....  
Is the vehicle in use? YES/NO Where may our engineer inspect the vehicle?.....  
Do you hold more than one policy indemnifying you in respect of this accident? .....  
Are you registered for VAT? YES/NO If YES, do you obtain full remission of input tax or what percentage are you able to recover?.....

**DRIVER OR PERSON IN CHARGE OF VEHICLE** Full Name.....Occupation.....  
Address.....  
Telephone No..... Date of Birth.....Driving Licence Number.....  
Country Of Issue ..... Groups.....Full/Provisional .....  
Details of all previous police convictions..... Date test passed in UK .....  
Was any breathalyser taken or refused following this accident? YES/NO If YES, was it POSITIVE/NEGATIVE  
Give details of any police prosecution pending .....Was a seat belt being worn? YES/NO  
Were they driving within the scope of his authority and with your knowledge and consent? .....  
Were they authorised to drive under the terms of the Rental Agreement? YES/NO  
Have they ever been refused motor insurance or continuance thereof by any company or underwriter? .....  
If a member of staff, how long has he been in your employ? .....  
Has the driver any disability, medical condition or impairment of sight or hearing? (If so, give full details).....

### PASSENGERS IN INSURED'S VEHICLE (It is very important these details be furnished)

Front seat..... Age.....Injury.....Seat belt worn? YES/NO Tel.....  
Rear seat ..... Age.....Injury.....Seat belt worn? YES/NO Tel.....  
Rear seat..... Age.....Injury.....Seat belt worn? YES/NO Tel.....  
Rear seat..... Age.....Injury.....Seat belt worn? YES/NO Tel.....

**P.T.O.**

**WITNESSES** (Please mark location of witness on the diagram below, with a **W**)

Name:.....Address.....

Tel.....Witnessed From/Location.....Independent? YES/NO

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**POLICE**

Did Police take particulars? YES/NO Name and Badge Number of Police Officer.....

Name, Address & Tel of Police Station.....

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**DETAILS OF ACCIDENT**

Date of accident:.....Time:.....

Exact Location.....County.....

Speed of your vehicle at time of accident.....Speed limit at the scene of the accident.....

Was a horn sounded or any other hand or automatic signal given by the driver or other party?.....

Width of road.....Which lights were alight on your vehicle?.....

Are there any traffic signs e.g. Halt sign at or near the scene of accident? .....

Please state the weather conditions at the time.....Traffic Volume: HEAVY/MODERATE/LIGHT

**EXACT USE OF VEHICLE AT THE TIME OF HIRE (THE TERMS PRIVATE, PLEASURE, BUSINESS OR ON HIRE ARE NOT SUFFICIENT)** Please give full details.....

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**EXPLAIN FULLY HOW THE ACCIDENT OCCURRED AND ILLUSTRATE WITH SKETCH**

In your opinion who was to blame? .....

**SKETCH** Show positions of vehicles, persons or obstacles involved, mark names and widths of roads, if possible and road signs (if any).

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**PARTICULARS OF THIRD PARTIES** - names and addresses of all other persons concerned to be given

1. Name.....Approx Age.....Details of Injury.....Taken to hospital? YES/NO

Address.....Tel:.....

Name of Insurers.....Policy No .....

Make and Reg No .....Details of damage.....

How many passengers in vehicle/provide names and approx ages if known.....

2. Name.....Approx Age.....Details of Injury.....Taken to hospital? YES/NO

Address.....Tel .....

Name of Insurers.....Policy No .....

Make and Reg No .....Details of damage.....

How many passengers in vehicle/provide names and approx ages if known.....

**NOTE: Any correspondence must be forwarded immediately.**

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*I hereby declare that the foregoing statements, to the best of my knowledge, are true.*

Rental Company Signature..... Driver's Signature .....

Date..... Date .....