



1 POLICYHOLDER

Name _____
 Occupation _____ Policy No. _____
 Tel. No. Home _____ Bus. _____
 Address _____

 _____ Post Code _____

2 V.A.T.

Is the vehicle owner registered for VAT purposes? YES/NO
 If YES state if the VAT included in the cost of repairing or replacing the vehicle can be recovered
 a) Completely b) Partially _____ % c) Not at all (delete as necessary)

3 DRIVER OR PERSON IN CHARGE OF VEHICLE

It is still necessary for this section to be fully completed even if the policyholder was the driver or the vehicle was unattended or parked.
 Name _____
 Address _____
 Occupation _____
 Date of Birth _____
 Licence No. _____
 Driving Licence held Full/Provisional/Heavy Goods/International/Other (delete as appropriate)
 Date test passed _____
 Length of recent and regular driving experience in the U.K. etc. _____
 Has he/she been convicted of any motoring offences? YES/NO
 If so give details _____
 Has he/she any physical infirmity, or defective vision of hearing, or lost a limb or an eye YES/NO. If so give details _____

 If your permanent Driver, how long has he/she been in your employ? _____
 Has he/she, in his/her name, a Motor Insurance Policy? YES/NO
 If so please state name of Insurers and the Policy Number _____

4 NAMES AND ADDRESSES OF WITNESSES

Independent _____

 Passengers (State if injuries sustained by any such person, and, if so the nature thereof) _____

5 INJURED PERSONS

Give name(s) and address(es) of any injured persons (other than occupants of your car) _____

 Nature of injuries _____

6 PARTICULARS OF VEHICLE

Reg. No. _____ Present Value _____
 Year of Make _____ CC's _____ Colour _____
 Make & Model _____
 VIN/Chassis Number _____
 If the vehicle is not your property entirely state the name and address of the owners including any finance company interested _____

 State exact details of the journey at the time of the accident
 Travelling from _____ to _____
 What was the purpose of the journey? (The word PRIVATE is not sufficient)

 Was the vehicle being used in accordance with your instructions? YES/NO
 How many passengers were being conveyed? _____
 State nature and weight of any goods carried, and gross vehicle weight (For Commercial Vehicles only) _____

7 PARTICULARS OF ACCIDENT

Date and time of the accident? _____
 Where did the accident occur? _____

 Class of road _____ Approximate width of road _____
 Condition of road _____
 Your position on road _____
 If driving on n/s how far out were n/s wheels from kerb? _____
 At what speed was your vehicle travelling immediately prior to the accident? _____ Was your horn sounded? _____
 If dark, what lamps were showing on your vehicle? _____
 Who in your opinion, was to blame? _____
 Give name if other than yourself or driver _____

 Are you a member of the AA or RAC? _____

8 POLICE EVIDENCE

Did the Police take evidence or particulars? YES/NO
 If so, give his/her Number and Station _____

 Was he/she a witness? YES/NO
 Did he/she indicate that anyone may be prosecuted? YES/NO
 If so, whom? _____

9 PARTICULARS OF THIRD PARTY VEHICLE INVOLVED OR OTHER PROPERTY DAMAGED

Name & address of the owner _____

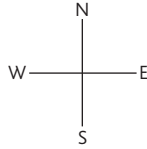
 Name & address of the driver _____

 Make, Model, Reg. No. & Colour _____
 Nature of damage _____
 Has notice of any claim been given to you? YES/NO
 If in writing, forward immediately unanswered. If verbally, give particulars _____

 Details of the third party insurers if known _____

10 SKETCH

Position immediately before the accident
Where appropriate, show road widths, traffic lights, warning signs, names of adjacent roads etc. Indicate direction of vehicles with an arrow

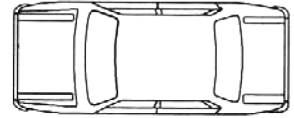


Position where vehicle came to rest

12 GIVE FULL PARTICULARS OF THE DAMAGE TO YOUR VEHICLE

If your Policy covers the cost of repairs to your vehicle in the interest of both Policyholder and the Underwriters it is essential to keep the repair costs to a minimum and with this mind, if the car is still mobile, please obtain two estimates.

Is the car still mobile? YES/NO
If not please state address where motor vehicle can be examined



_____ Show area of impact by arrow

If the battery, exhaust system or tyres are to be replaced please advise age of damaged items, and approximate expired mileage of tyres

Is vehicle still in use YES/NO
At repairers YES/NO
If still in use when do you intend to have the work carried out?
Date _____
If beyond economic repair, pending settlement, can we move vehicle to place of free storage YES/NO
Do you hereby authorise us, where necessary to instruct repairs on your behalf YES/NO
Do you hold more than one Policy indemnifying you in respect of this accident YES/NO
If so give details _____

11 EXPLAIN FULLY HOW ACCIDENT OCCURRED

Multiple horizontal lines provided for writing a detailed explanation of the accident.

13 PLEASE GIVE ANY FURTHER INFORMATION WHICH MAY BE OF USE IN DECIDING LIABILITY

Multiple horizontal lines provided for providing further information relevant to liability.

All communications relating to the accident must be immediately forwarded unanswered

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the register.

I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

I/We declare that the information given in this form is true and correct to the best of my/our knowledge and belief.

Policyholders Signature _____

Date _____

(If the Policy is in the name of a firm, this form must be signed by a partner, officer, or director and rubber stamped).