



Sagar Insurances

MOTOR ACCIDENT FORM

Please complete this form and return to Sagar Insurances, 30 Willow St, Accrington, BB5 1LU

T 01254 391411 : F 01254 872720 : E claims@sagarinsurances.co.uk

Please note, if anyone has been injured you must report the matter to the police as soon as possible.

General Information

Insured

Name		Daytime phone no	
Address		Mobile phone no	
		Date of Birth	
		Occupation	
Email address			
VAT reg number			

Insurance Details

Insurance Company	
Policy No	

Driver Details

Driver or person in charge of vehicle immediately before the accident

Name		Daytime phone no	
Address		Mobile phone no	
		Date of Birth	
		Occupation	
Licence No			
Full or Provisional		How long held	
Is driver employed by policyholder	Yes / No	If Yes, for how long?	

Driving History

Has the driver :	Yes / No	Details
Motor insurance in their own name		
Any physical / mental illness including sight and hearing		
Any motoring convictions in the last 5 years or any pending		
Any previous losses in the last 5 years		
Any criminal convictions (or been charged but not yet tried)		
Have regular use of another vehicle		
Was the vehicle being used with the policyholder's permission		

Details of Your Vehicle

Make		Mileage	
Model		Colour	
CC		Value	
Reg No			
Details of any HP or lease agreement			
Details of any modification to vehicle from standard			
Who is main driver of vehicle?			
Does Policyholder own the vehicle?		Yes / No	If No give details in space below
Was the vehicle being used in connection with the driver's occupation		Yes / No	If Yes give details in space below
Were goods being carried in connection with the business		Yes / No	If Yes give details in the space below

Heavy Goods Vehicles Only (further details of vehicle & driver)

Type of vehicle		Was a trailer attached?	Yes / No
Class of vehicle		If yes please advise type & length	
No of seats			
Carrying capacity			

Type of license held by driver (eg.HGV1)		Expiry Date	
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Incident details to be completed in all cases

Date of incident		Place incident occurred (give road number if possible)	
Time of incident			
Did police attend	Yes / No		
If police did attend please answer the following questions			
PC's number		Station	Crime Reference No.

Damage to insured vehicle

Was your vehicle damaged in the incident	Yes / No	Is your vehicle still mobile	Yes / No
Please give description of damage to your vehicle			
If your vehicle has been taken to a repairer or a Recovery Agent please give their name, address and tel. no if possible			
If your vehicle is immobile, but not at a garage, please give details of it's location			

Details of any property damaged – other than vehicles involved in the accident

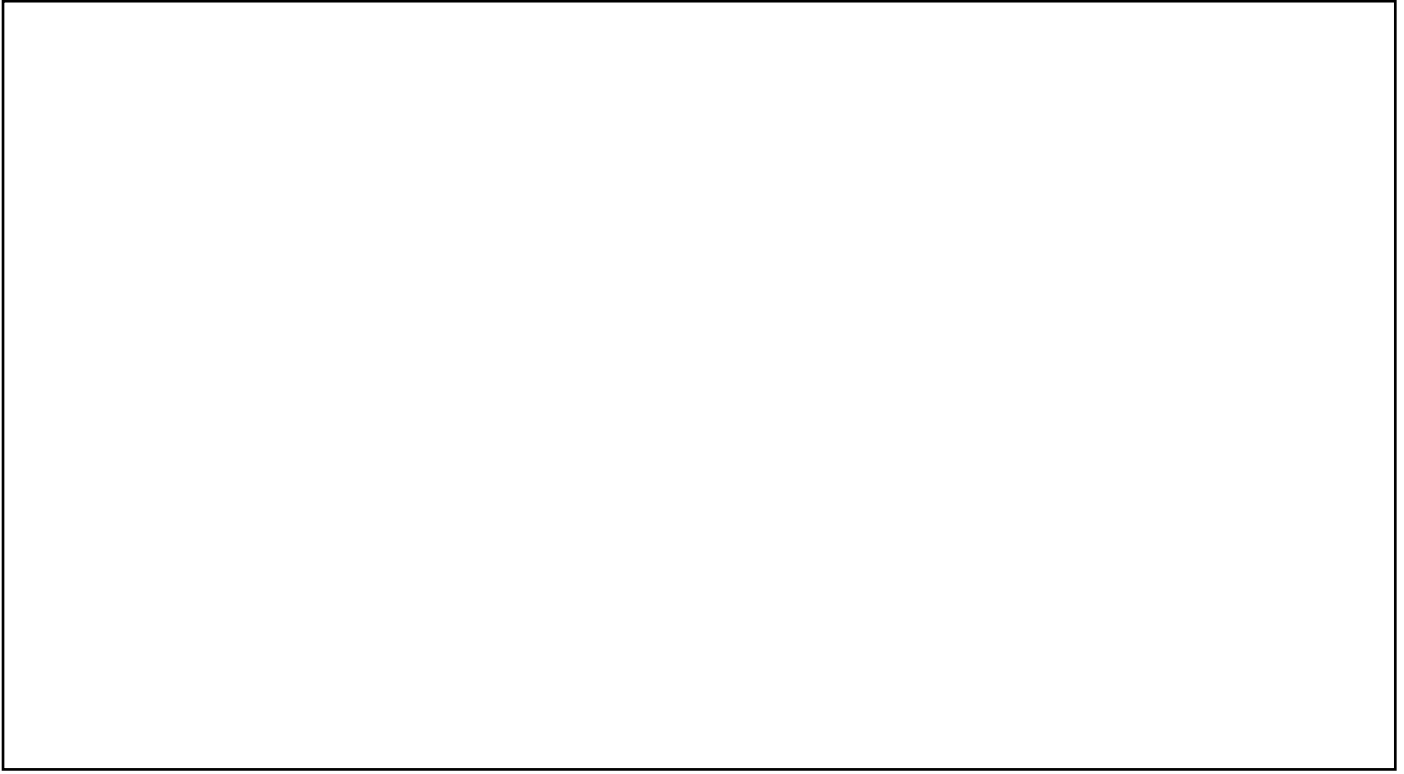
Details of property damaged	
Name of owner	
Address of owner	
Tel No of owner	
Details of any insurance covering damaged property (if known)	

Details of any other vehicles involved in accident

Details of owner		Details of Driver	
Name		Name	
Address		Address	
Tel No		Tel No	
Details of Vehicle			
Make		Model	
Reg No			
Details of insurer			
Insurer		Policy No	

Description of the accident

Please provide a diagram of the accident in the space below or on a separate sheet of paper if necessary.



Please provide a full description of the accident below or on a separate sheet of paper if necessary.

Additional questions**Please answer the following questions applicable to your vehicle and any third party vehicles**

	Your vehicle	Third Party (1)	Third Party (2)
Speed before collision			
Speed at point of impact			
Which lights were lit			
Area of damage to vehicle			
Who do you think is responsible for the accident and why?			

Details of any persons injured

	Injured person (1)	Injured person (2)
Name		
Address		
Description of injuries		
Was a seat belt worn?	Yes / No	Yes / No
Was person hospitalised?	Yes / No	Yes / No
Was the person driver/passenger/ cyclist or pedestrian		
In which vehicle was person travelling (if applicable)		

Witnesses to the accident**Please complete this section if there are any witnesses who were not directly involved in the accident.**

	Witness (1)	Witness (2)
Name		
Address		
Contact telephone no		

Declaration

This section must be read carefully and signed by the insured or other authorised person.

Declaration

I / We declare the forgoing particulars to be correct according to my / our information and belief. I / We understand that you may ask for information from other insurers to check the answers I / We have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and / or agents to conduct such litigation in relation thereto.

Note

Insurers pass information to the Claims Underwriting Exchange Register, run by Insurance Database Services Ltd, and the Motor Insurance Anti- Fraud & Theft Register run by the Association of British Insurers. The aim is to help Insurers check information provided and to prevent fraudulent claims.

Signature of policyholder

Print Name

Date