

Towergate Risk Solutions

A trading name of Towergate Underwriting Group Limited

Towergate House, Euston Park, Euston Way, Telford, Shropshire. TF3 4LY

tel: 01952 298995 fax: 01952 298998

Authorised and regulated by the Financial Services Authority



CLAIM NUMBER:

Motor Accident Report Form

1 Policy details

Policy number:	Policyholder:	
Address:		Postcode:
Telephone number:	Are you VAT registered? Yes/No	

2 Driver/Person in charge

Name:		
Address:		Postcode:
Telephone number:	Email:	Employment status:
Date of birth:	Number of years driving licence held?	
Any convictions? Yes/No If Yes, give details including conviction code(s) and date(s):		

3 Vehicle details

Registration number:	Make & model:	Year of make:
Mileage:	Legal owner:	
Brief description of the damage:	Area of damage:	
Is the vehicle at the repairers? Yes/No If not, when will it be taken in?		
Repairers name, address and telephone number:		
Please note that if the vehicle is beyond economical repair we will arrange its protection by moving it to a place of secure storage, unless you indicate otherwise by ticking this box: <input type="checkbox"/>		Is the vehicle mobile? Yes/No

4 Incident details

Date:	Time:	Place:	Speed (mph):
Describe details of incident:			
Sketch of incident: (please indicate name and approximate width of roads, and direction of vehicles)			
If the Police attended please state name of force:			Officers number:
Who do you feel is responsible for this incident?			
Third Party 1 Name:	Third Party 2 Name:		
Address:	Address:		
Telephone number:	Telephone number:		
Make & model:	Make & model:		
Vehicle registration number:	Vehicle registration number:		
Insurance Company:	Insurance Company:		
Policy number:	Policy number:		
Witness 1 Name:	Witness 1 Name:		
Address:	Address:		
Telephone number:	Telephone number:		

5 Injured person(s)

Name:	Name:
Injuries:	Injuries
Was the injured person taken hospital? Yes/No	Was the injured person taken hospital? Yes/No

6 Additional information

Use the following space to state any additional information:

Declaration

I hereby declare that the above statements are true in every respect to the best of my knowledge.

Signature(s)

Date: