

DRIVER NEGLIGENCE ACCIDENT REPORT FORM

- Please enclose
- i. Any and all correspondence received from your customer
 - ii. A copy of the Driver Negligence Agreement Form
 - iii. A clear photocopy of the driver's licence including both sides of the photocard
 - iv. DVLA Licence Summary
 - v. Any statement/invoices in respect of repairs

Insured Title:

Policy No:

Address:

Telephone No:

Email Address:

Contact Name:

DRIVER – Please attach copy licence including a clear copy of the front and rear of the photocard

Name:

Address:

Date of Birth:

Type of Licence:
(e.g. Car, Class 1,
Class 2 etc)

Contact Name:

Length of time
held:

Has the driver held an appropriate Licence for 12 months and driven for at least 90 days during this past year?: Yes No

Details of any previous accidents in last 3 years

Length of Employment with your Agency: Months

Is the driver supplied to you via an Umbrella company? Yes No

If 'YES' give details:

CLAIMANT DETAILS

Claimant Name:: [text box]
Address: [text box]
Telephone No: [text box]
Email Address: [text box]

VEHICLE (IF TRAILER DAMAGED ADVISE CAB NUMBER)

Make: [text box] Model: [text box]
Year: [text box] Reg no: [text box]

Is the vehicle GVW greater than 3.5T? Yes No

If 'YES' give details: [text box]
Details of damage: [text box]
Repairer's name: [text box]
Address: [text box]
Telephone No: [text box]

ACCIDENT/INCIDENT

Date: [text box] Time: [text box]
Location: [text box]
Own Speed: [text box] Width of road: [text box]
Weather Conditions: [text box] Road Conditions: [text box]
Was accident reported to the Police? Yes No
Officers name/No: [text box] Station: [text box]

OTHER PARTIES INVOLVED

Name:: [text box]
Address: [text box]
Make/Model of Vehicle: [text box] Reg No: [text box]
Details of damage: [text box]
Insurer & Policy NO: (if known) [text box]

WITNESSES

Name::	Witness 1	Witness 2	Witness 3
Address:			
Telephone No:			

PLEASE DESCRIBE WHAT HAPPENED

[Large empty text area for describing the incident]

SKETCH OF THE SCENE

Who do you consider to be at fault of this loss?

[Large empty text area for identifying fault]

DECLARATION

I/We declare that all statements made on this form are true and complete

Signature of Insured:		Date:	
Print name:		Position:	