

ACCIDENT CLAIM FORM



POLICY NUMBER: HMP1000313266

PLEASE FORWARD AT ONCE ANY CORRESPONDENCE YOU MAY RECEIVE FROM A THIRD PARTY, THE POLICE, A HOSPITAL, A SOLICITOR ETC. PLEASE ENSURE THAT ALL PERSONAL EFFECTS ARE REMOVED FROM THE VEHICLE.

INSURED

Company Name:	Parkhurst Self Drive Hire Ltd	Broker:	CIP
Address:	Island Farm Road	Cover Type:	Fleet
	West Molesey	Tel:	020 8979 2067
Postcode:	KT8 2UU	Vat Registered:	Yes

DRIVER (please complete even if the Owner was driving or the vehicle was unattended)

Details of person in charge of the vehicle for the purpose of driving

Name:		Home Tel:		Work Tel:	
Address:		Occupation:			
		Employer:			
Postcode:		Age:		Date of Birth:	

LICENCE

UK/Intnl:		Full/Provis:		Date Test Passed:	
Any Disabilities?					
Details of summonses from any previous driving offences or fixed penalties:					
Details of any previous accidents or thefts:					
Result of any breathalyser test:		Vehicle being used with your knowledge and consent?			

VEHICLE

Registration:		Make & Model:		Colour:	
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ACCIDENT

Date:		Time:		Location:			
Speed of your vehicle before accident:		at impact:		Condition of road:			
Speed of other vehicle before accident:		at impact:		Was horn sounded?			
Lights displayed: your vehicle?		other vehicle?		Were you to blame for the accident?			
Any road signs?				Road width:			
				Speed limit:			
Distance from near-side kerb: your vehicle:		other vehicle:					
Damaged to Insured's vehicle:							
Journey From:		To:					
What was the purpose of the journey ('Private' is not sufficient)?							

POLICE

Was statement made to Police?		Has notice of prosecution been given?		Ref:	
Name & address of Police Force:					

DESCRIPTION OF ACCIDENT

Sketch Plan of scene <u>before</u> incident (please show road signs, markings etc):	Sketch Plan of scene <u>after</u> incident (please show road signs, markings etc):

DETAILS OF OTHER PARTIES INVOLVED

Name/Address of Owner/Driver	Registration	Insurers	Policy Number	Apparent Damage

PERSONS INJURED

Name/Address	Pedestrian/Driver/Passenger	Apparent Injury	Hospitalised?

WITNESSES

Name/Address	Telephone	Age (if under 18)	Your Passenger?

Is there another Insurance Policy in force covering this vehicle? YES/NO. If yes give details:

ALL COMMUNICATIONS RECEIVED FROM OTHER PARTIES, ACCOUNTS FOR EMERGENCY TREATMENT FROM, HOSPITALS OR DOCTORS ANY NOTICE OF INTENDED PROSECUTION, SUMMONS OR COURT WRIT MUST BE FORWARDED UNANSWERED TO OURSELVES WITHOUT DELAY.

INSURERS MAY EXCHANGE INFORMATION WITH EACH OTHER AND CHECK YOUR DETAILS WITH FRAUD-PREVENTION AGENCIES AND DATABASES INCLUDING, BUT NOT RESTRICTED TO, THE CLAIMS AND UNDERWRITING EXCHANGE, THE MID, INSURANCE HUNTER, CREDIT INDUSTRY FRAUD AVOIDANCE SYSTEMS AND THE MOTOR INSURERS ANTI-FRAUD AND THEFT REGISTER. ALL PHONE CALLS RELATING TO CLAIMS MAY BE TAPE RECORDER AND THE RECORDINGS MAY BE USED TO PREVENT FRAUD, FOR TRAINING AND FOR QUALITY CONTROL PURPOSES

I confirm that the forgoing particulars and statements to be true and confirm that Underwriters may settle this claim as they deem necessary.

Furthermore, In the event that the vehicle is a total loss I/We authorise my insurers to move the vehicle for safe keeping while negotiations are proceeding

Date..... 20..... INSURED'S SIGNATURE.....

HAVE YOU ANSWERED ALL QUESTIONS FULLY?