

ACCIDENT REPORT FORM

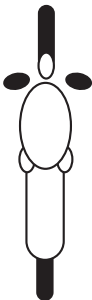
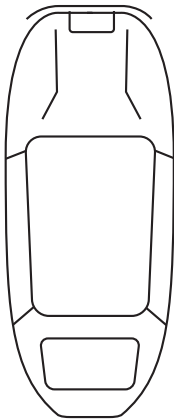
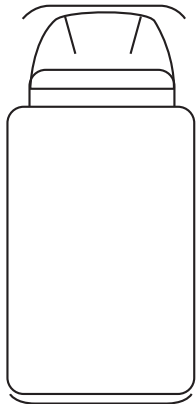


THIS PAGE MUST BE COMPLETED -
FAILURE MAY RESULT IN UNNECESSARY DELAYS

1.	Policyholder Details
Policyholder	<input type="text"/>
Policy Number	<input type="text"/>
Policyholder Address	<input type="text"/>
Email Address for Claims Contact	<input type="text"/>
Phone Number	<input type="text"/>
VAT Registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Reference Number	<input type="text"/>
Depot Code/Loss Code	<input type="text"/>

2.	Driver Section
Driver Name	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date passed test to drive the vehicle concerned	<input type="text"/> / <input type="text"/> / <input type="text"/>
If the driver has any of the following conviction codes currently on their license, please provide full details - AC, BA, CD40 to CD90, DD, DR, IN, LC, MS, TT, UT or XX	<input type="text"/>
Known Medical Conditions	<input type="text"/>
Permanent Employee or Agency Driver	<input type="text"/>

3. Incident Details	
Time and Date of Loss	<input type="text"/>
Accident Location please be as specific as possible	<input type="text"/>
Speed of all vehicles involved	<input type="text"/>
Weather/Road Conditions	<input type="text"/>
Any photographs taken?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Insured Vehicle	
Vehicle Registration	<input type="text"/>
Make/Model	<input type="text"/>
Mileage	<input type="text"/>
CCTV/Dashcam footage available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be claiming for damage to this vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle damage description	<input type="text"/>
Vehicle driveable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate damage area to policyholder vehicle. Please click on the vehicle to indicate the area of damage.	
<div style="display: flex; justify-content: space-around; align-items: center;">    </div>	

5. Passengers/Injuries - Policyholder Vehicle

How many passengers were in your vehicle?

Names and contact details of any passengers

Was anybody in this vehicle injured, if so, what injuries have been sustained?

Did an ambulance attend scene?

Yes

No

Attended hospital?

Yes

No

Name of hospital

6. Sketch and Statement

Please provide a statement of the accident below along with a sketch, this can be continued on a separate sheet if necessary.

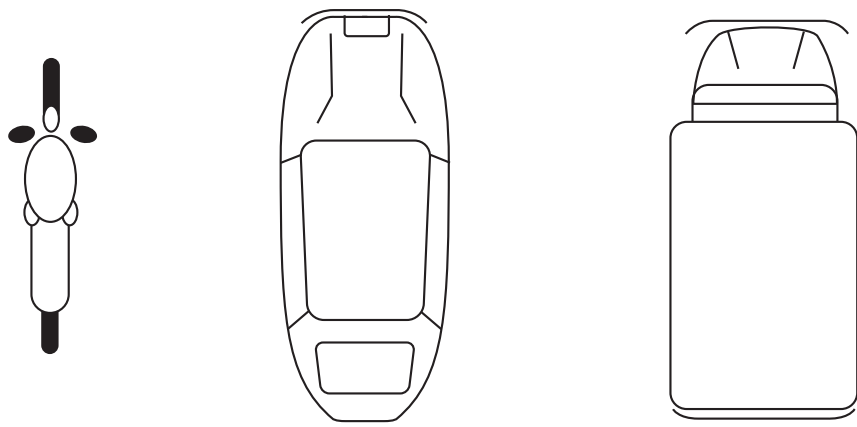
Do you consider yourself to be at fault for the incident?

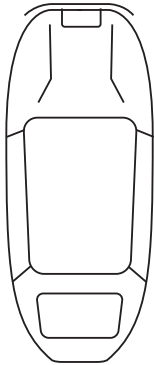
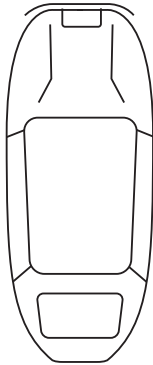
Partially

Yes

No

7. Third Party Details
Driver Name <input type="text"/> Address <input type="text"/> If incident involved a third party's property, please give full address details. <input type="text"/> Phone Number <input type="text"/> Email Address <input type="text"/>

8. Third Party Vehicle Details
Vehicle Registration <input type="text"/> Make/Model <input type="text"/> Colour <input type="text"/> Insurance Details <input type="text"/> Vehicle damage description <input type="text"/>
Any pre-existing damage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle driveable? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Please indicate damage area to third party vehicle. Please click on the vehicle to indicate the area of damage.</p> <div style="text-align: center;">  </div>
If there is more than one third party involved then please add the details onto the sheet at the end of the accident report form.

9.	Third Party Passengers/Injuries	
<p>How many passengers were in the third party vehicle at the time of the collision?</p>		
<p>Were any of the passengers minors? (under 16 years old)</p>		
<p>Did anybody in this vehicle complain of, suffer or incur visible injuries at the scene? Please provide full name and contact details if known</p>	1.	
	2.	
	3.	
	4.	
	5.	
<p>Did an ambulance attend scene?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Please indicate where each passenger sat if applicable: (please number the positions as above)</p>		
Policyholder Vehicle		Third Party Vehicle
		

10.	Witnesses (if applicable)	
<p>Witness Name</p>		
<p>Phone Number</p>		
<p>Address</p>		
<p>Email Address</p>		
<p>Independent?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11.	Police Details (if applicable)
Did Police attend?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Officer Name/Badge Number	<input type="text"/>
Reference Number	<input type="text"/>
Station	<input type="text"/>
Did the driver make a written statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>

12.	Any other comments/concerns you may wish to make known
<div style="border: 1px solid #ccc; height: 500px;"></div>	

13. Declaration

Notice:

To provide our services as an insurer, QBE Insurance (Europe) Limited will need to collect and use personal information. The types of personal information that we collect and our uses of that personal information will depend on your relationship with us but will include details such as name, address and contact details. If relevant, it will also include sensitive personal information (e.g. data concerning health) and information relating to criminal convictions and offences. The purposes for which we use your personal information will include evaluating insurance applications and providing quotes; providing insurance cover; handling claims; crime and fraud prevention and debt recovery.

We may obtain your personal information from or share it with third parties such as intermediaries, other insurers, reinsurers, loss adjusters, sub-contractors, our affiliates, the police and other law enforcement agencies, fraud and crime prevention and detection agencies, databases and registers (for example the Motor Insurance Database, Claims and Underwriting Exchange and Motor Insurance Anti-Fraud and Theft Register), publicly available sources and certain regulatory bodies for the purposes described in our Privacy Notice <https://qbееurope.com/privacy-policy/>.

Depending on the circumstances, we may transfer personal information outside the United Kingdom and the European Economic Area to countries that have less robust data protection laws. Any such transfer will be made with appropriate safeguards in place.

You can find out more about our use of personal information and the rights that you have by clicking <https://qbееurope.com/privacy-policy/>. You can also request a paper copy of the Privacy Notice by contacting the Data Protection Officer by e-mail at: dpo@uk.qbe.com or in writing to: The Data Protection Officer, QBE European Operations, Plantation Place, 30 Fenchurch Street, London, EC3M 3BD. We recommend that you review this notice.

If you provide us with personal information relating to a third party you should provide them with a copy of this notice.

Declaration:

I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will assist QBE with their enquiries.

Signature:

Date:



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