

Don't Delay – Send Notification Same Day!
FAX: 01698 253325 EMAIL: annmarie@whrmccartney.com

POLICYHOLDER**Policyholder:**

Contact Name:

Contact Email:

Operating Co. Code (if applicable):

Policy Number:

Contact Number:

Your Reference:

DRIVER OF POLICYHOLDER'S VEHICLE

Name:

Date of Birth:

Age:

Address:

Date Test passed (for vehicle driven):

Please provide full details of all previous and pending motoring convictions and any physical or mental infirmity:

POLICYHOLDER'S VEHICLE

Make:

Model:

Registration Number:

Damage sustained in this incident:

Number of passengers:

Where is the vehicle now?

OTHER PARTY INVOLVED

Name & Address:

Telephone Numbers:

Make/Model/Colour of vehicle:

Registration Number:

Number of passengers:

Damage to vehicle / Point of Impact:

Name & Address of Insurers:

Policy Number:

Information on mitigation of losses passed to other party? Yes / No

Scene of accident information form completed? Yes / No

Did the other party sign for receipt of information provided?: Yes / No

PERSONAL INJURY

Please confirm the names of all injured parties and the nature and extent of all injuries sustained in this incident:

INCIDENT DETAILS

Date of Incident:

Time of Incident:

AM/PM:

Location of Incident:

Town / County / Country:

CIRCUMSTANCES OF INCIDENT

Please describe what actually happened?

IS THE INSURED DRIVER FULLY TO BLAME FOR THIS INCIDENT?

Yes / No: If "No" why not?

WITNESSES

Please confirm the names, addresses and telephone numbers of all witnesses to the incident (Please indicate if any of them are known to your driver):

ADDITIONAL COMMENTS

Please provide any further comments on the incident that you would like to bring to our attention:

PLEASE EMAIL FAX OR COMPLETE THIS FORM ONLINE IMMEDIATELY
IF YOU REPORT NEW INCIDENTS QUICKLY WE CAN MINIMISE THE COST OF CLAIMS

Statement & Diagram

