



INTERNAL USE ONLY

Accident report

Date and time reported Policy number Claim number Agency/Branch
Reported by: Policyholder Policyholder representative Our Driver Cover Excess

(If not reported by Policyholder/driver please complete details below)

Details
Address
Contact Tel No
Contact Fax No
Contact Email

Policyholder's details

Full name
Address
VAT Registered Yes No
Who is the registered owner of the vehicle?
Registration No Plate Number
Make/Model

Driver and vehicle details

Name
Address
Contact Tel No
Contact Email
Date of Birth Under 26 years? Yes No
Use at time of incident
Driving Licence
Hire & reward Licence
Number of accidents/claims in the last 3 years
List convictions in the last 3 years:

Incident details

Date of Incident

Time of Incident

Location of Incident

Incident details

Were there any other parties involved? Yes No

Was the Policyholder/driver injured? Yes No

Number of vehicles involved (excluding Policyholder vehicle)

How many people were in the Policyholder vehicle (including driver)?

Were any passengers paying a fare?

How many passengers in the Policyholder vehicle were injured?

How many people were there in the third party vehicle(s)?

How many people in the third party vehicle were injured?

Details of anybody else injured (e.g. pedestrians, cyclists, etc)

Did anyone admit blame at the scene of the accident?

Do you accept liability? Yes No

Vehicle damage

Description of damage

Estimate for repair: £

Claiming for own damage? Yes No

Vehicle secure? Yes No

Permission to move vehicle? Yes No

Engineer inspection arranged? Yes No

Report sent to Tradex Yes No

Do you have a current MOT certificate? Yes No

Damage covered? Yes No

Vehicle drivable? Yes No

Storage charges being incurred? Yes No

Is the vehicle financed? Yes No

Name of Engineer

Finance company details

Agreement number

Is the Policyholder the legal owner & registered keeper of the vehicle? Yes No

If No please complete name & address of owner

Where can vehicle be inspected?

Theft

Vehicle locked?

Yes No

Vehicle immobilised?

Yes No

Vehicle immobilised?

Yes No

Storage charges being incurred? Yes No

Were the keys IN or ON the vehicle at the time of the theft?

Yes No

How long was the vehicle unattended?

Details of personal items stolen:

Receipts available?

Yes No

Third party details

Registration No	Make/Model	Name	Address	Contact No	Driver/Passenger/Pedestrian	Injured

Injury details (please give details of all injuries sustained by persons above)

Name	Injury Details	Wearing Seat Belt	Estimated Age

Other property damaged

Description of Damage	Owner Name	Owner Address

Witnesses

Name	Address	Contact Details	Location at Time of Accident

Emergency services

Reported to the police? Yes No (if YES please complete the details:)

Police attended scene? Yes No Ambulance called? Yes No

Was anyone breathalysed? Yes No

If so what was the results?

Was anyone prosecuted? Yes No

Reporting Officer

Officer Number

Police Station

Police Contact Number

Police Reference Number

Declaration

Please confirm that you have advised the person reporting this incident of the following by ticking the APPROPRIATE box below.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

We will also retain this information for future policy processing and claims handling to prevent and detect fraudulent claims.

When providing the above information you confirmed the following :

- We may ask for information from other insurers to check the answers you have provided.
- If false or inaccurate information is provided or if we have a suspicion of fraud this may be recorded and details passed to fraud prevention agencies.
- You will undertake to assist the company in dealing with this matter and understand that all correspondence or legal proceedings must be submitted to the company unanswered immediately following receipt and that failure to do so could result in the company refusing indemnity in respect of this incident.

Customer Advised Third Party Advised

Please confirm by ticking the box below that you have checked the following:

- The damage is insured by the Policy, and - The driver was insured to drive the vehicle at the time of the accident/incident, and

- The vehicle was being used in accordance with the Policy at the time of the accident/incident, and - The premium had been paid prior to the accident/incident

Engineer Advised Yes No If yes please advise Name Repairs Authorised Yes No

Car Hire arranged through Central Cab Car Yes No

I confirm the above is in order. Completed by

Uninsured losses and sending complete form

Finally to help us process your claim as fast as possible select one of the options below followed by its corresponding email button

Email Tradex First Response at agentclaims@tradex.com

Claim reference