

Motor Accident Report Form ***EMAIL:*** ***claims@powellcommercial.com***

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| POLICYHOLDER’S NAME POLICY NUMBER: V.A.T Registered? YES [ ]  NO [ ]   |
| **DRIVER OF POLICYHOLDER’S VEHICLE (OR LAST IN CHARGE)** |
| Name: Date of Birth: Address: Date Test Passed: Contact Number: Class of License Held:  Occupation: Vehicle being used with Policyholder’s permission? YES [ ]  NO [ ]  Agency Driver? YES [ ]  NO [ ] Have you had any accident, loss (incl. fire or theft) or claim in the last 5 years? YES [ ]  NO [ ]  If yes, give details:Give details of all motoring convictions or prosecutions pending: YES [ ]  NO [ ]  If yes, give details:Give details of any physical defect, infirmity, defective vision or hearing. YES [ ]  NO [ ]  If yes, give details: |
| **POLICYHOLDER’S VEHICLE** |
| Reg No: Make: Model: Gross Vehicle Weight: For what purpose was the vehicle being used: Is the vehicle owned by you or registered in the company’s name?:Is the vehicle subject to hire purchase or vehicle leasing agreement? YES [ ]  NO [ ]  If yes give details: Number of passengers:Trailer Attached? YES [ ]  NO [ ]  Make/Model/Serial Number:Vehicle still in use? YES [ ]  NO [ ]  Damage to vehicle / Point of impact:Do you have photos of the damage? YES [ ]  NO [ ]  (If yes please attach)Where is the vehicle now? Location:Contact Number: |
|  **INCIDENT DETAILS** |
| Date of Incident: Time of Incident: Speed of Vehicles: Yours (mph): Others (mph): Location of Incident:  |
| **CIRCUMSTANCES OF INCIDENT** |
| Please confirm exactly how the incident happened and confirm details of all property damage. |
| **IS THE INSURED DRIVER FULLY TO BLAME FOR THIS INCIDENT?** |
|  YES [ ]  NO [ ] If “No” why not? |
| **OTHER PARTY INVOLVED** |
| Name: Reg No: Address:  Make:   Model:Contact Number: Number of Passengers:  |
|  Damage to vehicle / Point of impact:  Do you have photos of the damage? YES [ ]  NO [ ]  (If yes please attach) Insurers: Policy No: |
| **PROPERTY DAMAGE (other than vehicle)** |
|  Name & Address of Owner: |  Extent of Damage: |  |