

Motor Accident Report Form ***EMAIL:*** [***claims@powellcommercial.com***](mailto: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: |  |