



**MARSH**  
**COMMERCIAL**



**Platinum**  
MOTOR GROUP

13th Floor, Castlemead, Lower Castle Street, Bristol, BS1 3AG  
Tel: 0117 240 2000

Authorised and regulated by the Financial Conduct Authority

## MOTOR VEHICLE ACCIDENT REPORT FORM

Policyholder: Renrod Ltd

Address: 12 Meridian Motor Park, North Bradley, Trowbridge BA14 0BJ

Contact Name & Telephone Number: Alison Bull - 01225 756100

Are you registered under the VAT regulations? YES  NO

What percentage are you able to recover? 100%  Other

If 'Other', please specify: \_\_\_\_\_

Insurer: Aviva

Policy/Certificate No. 100751559CMT

Claim Ref: \_\_\_\_\_

Cover: Motor Trade Road Risks - Fully Comp

Policy Excess: £500 Additional Excess £ \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Postcode: \_\_\_\_\_

How long employed by you? \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Licence No: \_\_\_\_\_

Date test passed for this type of vehicle: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did the driver have the Policyholder's permission to drive the vehicle? YES  NO

Is the driver the main user of this vehicle? YES  NO  If NO, give proportion of use: \_\_\_\_\_

**Has driver** 1. been concerned in any accident or loss during past five years? YES  NO  2. ever been prosecuted or incurred a Fixed Penalty for an endorsable offence in connection with a motor vehicle? YES  NO

3. ever been declined or refused renewal for vehicle insurance? YES  NO  4. any physical defect, infirmity or impairment of sight or hearing? YES  NO

If answer to question 1, 2, 3 and/or 4 is YES please give details: \_\_\_\_\_

**Insured Vehicle** - Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg No. \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_ Name of H.P. Company or Finance House interested (if any): \_\_\_\_\_

Description of Damage: \_\_\_\_\_

Repairer's Name, Address & Tel No: \_\_\_\_\_

Is vehicle at Repairer's Premises? YES  NO

If NO when will it be taken there? \_\_\_\_\_

Estimated Cost of Repair Labour Figure: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Number of persons being carried (excluding driver): \_\_\_\_\_

Nature of goods being carried (if any): \_\_\_\_\_

**Third Party Details** - Driver's Name: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Employer's/Policyholder's Name & Address (if different from above): \_\_\_\_\_

Tel. Number: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name & Address of Insurance Company: \_\_\_\_\_

Policy No. \_\_\_\_\_

Tel. Number: \_\_\_\_\_

**Vehicle Registration No.** \_\_\_\_\_ **Make & Model:** \_\_\_\_\_

Injured Persons: Name	Address	Nature of Injury	Apparent Age	State whether occupant of insured vehicle, other vehicle or pedestrian

**ACCIDENT DETAILS**

Accident Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Condition of roads: \_\_\_\_\_ Weather conditions: \_\_\_\_\_

**A.** All independent witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** All passengers in your vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were particulars taken by a Police Officer? If so, give name, number and station address: \_\_\_\_\_

**Liability accepted?** YES  NO  50/50  **If NO or 50/50 please provide your version of events below**

**ACCIDENT DETAILS**

**INSURED VEHICLE**

**THIRD PARTY VEHICLE**

Estimated Speed: \_\_\_\_\_

Position in road: \_\_\_\_\_

What lights were used: \_\_\_\_\_

**Description of accident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Give sketch plan of accident here**

Show if possible, widths of roads, location and direction of travel of vehicles or pedestrians concerned and relevant road signs

INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND TO DECIDE WHETHER TO ACCEPT YOUR PROPOSAL AND, IF SO, ON WHAT TERMS VIA THE CLAIMS AND UNDERWRITING EXCHANGE REGISTER, OPERATED BY INSURANCE DATABASE SERVICES LTD. A LIST OF PARTICIPANTS IS AVAILABLE ON REQUEST. THE INFORMATION YOU SUPPLY ON THIS FORM, TOGETHER WITH THE INFORMATION YOU HAVE SUPPLIED ON YOUR APPLICATION FORM AND OTHER INFORMATION RELATING TO THIS CLAIM, WILL BE PROVIDED TO PARTICIPANTS.

**I declare the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other Insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.**

**Signature of Policyholder:** \_\_\_\_\_

**Dated:** \_\_\_\_\_