TRADEX

Insurance Company Limited

MOTOR ACCIDENT REPORT

(NOT FOR USE ON THEFT CLAIMS OR MOTOR TRADE)

First Response Claims Line 0845 373 1300 • Fax 020 7068 7740 • Email claims@tradex.com • www.tradex.com

Policyholder's Name	
Company Name	
Policy No. (cover note if applicable)	
Cover Applicable	☐ Comprehensive ☐ Third Party Fire & Theft ☐ Third Party Only
Broker/Agent (if applicable)	

IMPORTANT

We wish to process your claim as quickly as possible. Therefore please ensure:-

- ☑ All questions are fully answered
- ☑ All required documents are enclosed
- ☑ A copy of the drivers licence must accompany this form
- ☑ Return completed form to Tradex, PO Box 31116, London E14 9GL

Failure to do so will delay the claim. If in doubt please telephone our First Response Claims Line.

FSA

This form is issued by Tradex Insurance Company Ltd who is authorised and regulated by the Financial Services Authority. Registered Office: Victory House, 7 Selsdon Way, London E14 9GL. Registered Number 2983873 CF/MA/11/05

PLEASE ANSWER EVERY QUESTION FULLY. FAILURE TO DO SO COULD RESULT IN DELAY.

1 POLICYHOLDER'S DETAILS

Full Name Date of Birth

Address

Post Code

Home Telephone Mobile Business Telephone Email

Occupation (including any part time occupation)

Are you registered for VAT YES ☐ NO ☐ VAT STATUS Full / Partial recovery VAT Number

2 DETAILS OF DRIVER (or last person to drive before the incident)

Full Name Date of Birth

Address (Private)

Post Code

Home Telephone Mobile Business Telephone Email

Full Time Occupation Part Time Occupation

Driving Licence Number Licence Expiry Date Date UK Test Passed

Type of Licence Full UK ☐ Provisional ☐ HGV ☐ PSV ☐ Other (state nationality)

Was the vehicle being used with Policyholder's consent YES ☐ NO ☐ If not the Policyholder driving, does the driver have his own insurance YES ☐ NO ☐

If YES, give details of Insurers

Policy No

Relationship of driver to Policyholder if other than Self (tick as appropriate)

Spouse ☐ Child ☐ Parent ☐ Friend ☐ Employee ☐ Other (please specify)

Have you as Policyholder or the driver ever been convicted of any offence or received a fixed penalty notice YES ☐ NO ☐

Have you as Policyholder or the driver ever been involved in an accident YES ☐ NO ☐

Have you as Policyholder or the driver ever been involved in any other claim or incident in connection with a motor vehicle YES ☐ NO ☐

Have you as Policyholder or the driver ever been refused insurance or had any insurance cancelled or been refused renewal YES ☐ NO ☐

Have you ever suffered from any physical or mental disability YES ☐ NO ☐

If the answer to any of the questions above is YES, please give full details below. Use a separate sheet if necessary.

Date	Driver	Circumstances / Details	Conviction Code	Fine

Physical / Mental disability

3 DETAILS OF INSURED VEHICLE OR VEHICLE BEING DRIVEN AT THE TIME

Registration Number	Year of Make	Make and Exact Model	Colour	CC (or GVW if CV)	Mileage if Known	Current Value

Is the vehicle owned by the Policyholder YES ☐ NO ☐ Is the vehicle registered in the Policyholder's name YES ☐ NO ☐

If the answer to either of the above questions is NO, give full details of the owner / keeper and relationship to owner / keeper

Date of purchase Purchase price £

Has the vehicle been modified in any way YES ☐ NO ☐ If YES, give details

Is the vehicle subject to Hire Purchase or Lease YES ☐ NO ☐ If YES, give full name and address of Finance / Leasing Company

Post Code Telephone No

HP Agreement No / Lease Contract No

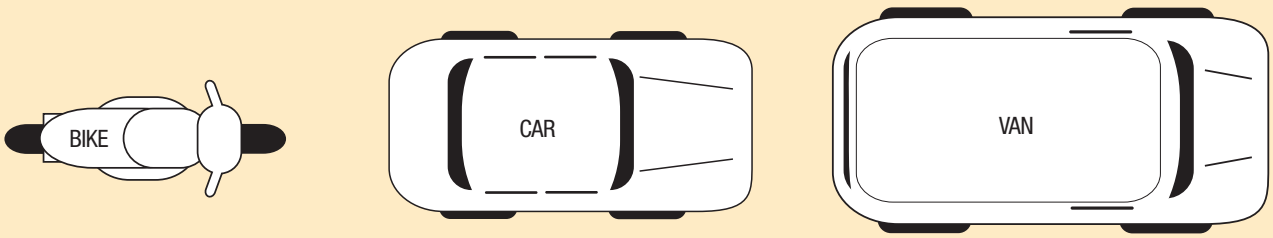
Note: In the event of a total loss, settlement of the claim will be paid to the Finance / Leasing Company. If the finance figure is less than our total liability, then the remaining sum will be sent to the policyholder.

4 DETAILS OF DAMAGE

Describe the damage to your vehicle

Show area of impact thus **x x x**

FRONT →



Estimated repair cost £ Is the vehicle at the repairer's now YES ☐ NO ☐ If NO, where is it

Repairer's Name

Repairer's Telephone Number Repairer's Fax Number

Repairer's Address

Post Code

Have you attached an estimate to this form YES ☐ NO ☐

Are you satisfied that the repairer's you have chosen are capable of carrying out your repair expeditiously and to your satisfaction YES ☐ NO ☐

If NO, do you have another repairer you would prefer

5 DETAILS OF EXACT USE OF THE VEHICLE

Please state EXACT USE of vehicle (if vehicle was not being driven, then state use prior to parking and the journey destination)

Please Note: 'Social / Pleasure' are not adequate explanations, a detailed description of journey and usage is required.

Name(s) of passenger(s) carried and approximate ages (yrs)

Were any goods being carried YES ☐ NO ☐ If YES, weight of load

6 DETAILS OF ACCIDENT

Date Time Weather Conditions Road Conditions

Exact location (Road, Town / County)

Speed limit Width of road

	Your Vehicle	Third Party Vehicle (if applicable)
Speed of vehicle prior to accident		
Distance from nearside kerb		
What lights were displayed		
What signals were given		
What warnings were given		

Briefly state in your opinion who was to blame and reason(s)

Describe fully how the accident occurred

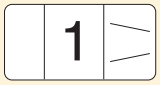
Sketch details overleaf

continued overleaf...

6 CONTINUED

SKETCH PLAN Please draw a sketch of the road(s) showing the position of the vehicles at the point of impact. Indicate directions by arrows. Please show road signs / markings and directions of nearest towns.

Show your vehicle as



7 DETAILS OF OTHER VEHICLES OR PERSONS INVOLVED (use extra sheet if necessary)

Make and Registration Number of Vehicle	Name and Address of Owner and or Driver	Details of Insurers / Policy Number	Damage to their Vehicle	No of Occupants in Vehicle

Witnesses

Name and Address of Own Passengers	Name and Address of Any Other Witnesses

Was the accident reported to the Police YES ☐ NO ☐ If YES, what was the Reporting Officers Name and Number

Police station (with address)

Any prosecution likely YES ☐ NO ☐ If YES, give full details and against whom

7 CONTINUED

Was any person breathalysed YES ☐ NO ☐ If YES, whom _____ Result of test POSITIVE ☐ NEGATIVE ☐

Was any person injured YES ☐ NO ☐ If YES, whom Own Passengers ☐ TP Occupants ☐ Pedestrian ☐ Pedal Cyclist ☐ Give details below

Brief description of person injured (ie female front passenger complaining of concussion)	Approx Age	Nature of Injuries	Seat Belt Worn YES / NO

Was any person taken to Hospital YES* ☐ NO ☐ Do you know if they were detained YES ☐ NO ☐ Has any claim been made against you YES ☐ NO ☐

*If YES, Name and Address of Hospital _____

Note: If the vehicle has been confirmed a 'total loss' by our engineer, we will move it to our own nominated storage depot for safe keeping whilst settlement proceeds. Such steps are not to be taken as an admission that any liability attaches under the policy.
It is your duty to safeguard the vehicle from any further damage following the accident and not to abandon it.

Any claim against you, including any communication from the police or from any hospital authority, must be passed to us immediately without acknowledgement.

8 SETTLEMENT OF TOTAL LOSS CLAIMS

In the event of a total loss we will appoint an independent assessor to investigate the loss and to impartially assess the value of the vehicle. When settlement has been agreed we shall pay the amount(s) due less any policy excesses, premiums outstanding or finance on the vehicle by cheque or electronic transfer direct to your bank account, so please give your bank details below:

Name of Bank _____ Branch _____ Sort Code _____

Account Number _____ Account Name _____

If the account is NOT in the name of the Policyholder, please state relationship between Policyholder and account holder to be credited _____

DECLARATION (Please read before signing)

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We hold no other policy in addition to this one indemnifying me in respect of this claim. I/We have not withheld from the Insurers any information within my knowledge connected with the loss and I/we agree to provide the Insurers with any further information or documentation as may be required. If my/our vehicle is a total loss I/we agree that the company have my permission to remove the vehicle to safe and free storage pending the completion of their investigations and any settlement of this claim. I/We understand that any attempt to make a fraudulent accident claim will result in prosecution.

SIGNATURE OF DRIVER OR LAST PERSON IN CHARGE OF VEHICLE _____ DATE _____

SIGNATURE OF POLICY HOLDER _____ DATE _____

If this form has been compiled by another party on behalf of the Policyholder, will the compiler please complete the section below.

Name _____ Occupation _____

Address _____

_____ Post Code _____

DOCUMENTS REQUIRED

1 This Claim Form ☐ 2 Copy of Driver's Licence (good photocopy) ☐ 3 Policy Number

4 Repair estimates if claiming for own damage (two competitive estimates if possible) ☐ _____

In addition for total loss claim

5 Vehicle Registration Book ☐ 6 MOT Certificate ☐ 7 Vehicle Keys ☐

8 Purchase receipt for vehicle ☐ 9 Any documents to establish value & condition of vehicle ☐ 10 Photograph(s) of vehicle if available ☐