



Claims
 Primary General Insurance Limited
 PO Box 4220
 M60 3DH
 Tel : 0844 209 0999
 Fax : 0844 209 0998
 e-mail : claims@primarygeneral.co.uk

MOTOR ACCIDENT REPORT FORM

PLEASE ANSWER EVERY QUESTION & SIGN THE DATA PROTECTION ACT CONSENT & DECLARATION ON THE FINAL PAGE

Policy Number		Claim Number	TBA	Your reference	
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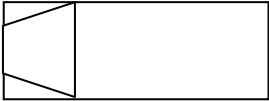
POLICYHOLDERS DETAILS

Name					
Address					
			Post code		
Telephone Number					
Department Concerned (Contact Name & Tel No)					
VAT registered	Yes/No				

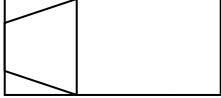
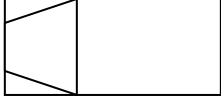
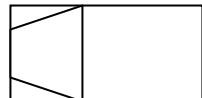
DRIVERS DETAILS

Full Name		Date of Birth	
Address			
Contact Number			
Is driver employed by you?			
Purpose of journey			
Any convictions for motoring offences in the last 5 years? (Please list convictions with dates)			
Type of licence held		Date test passed	

OWN VEHICLE

Make and model		Vehicle c.c.		Year of registration		Vehicle registration	
If your vehicle is hired/leased/loaned then please provide full details.							
Area of damage		Where can the vehicle be inspected? (provide contact details if different than policyholder)					
Approximate cost of repair £		(Please attach estimate where applicable)					

OTHER PARTIES INVOLVED (please use additional sheet if necessary)

1. Full Name		2. Full Name		3. Full Name	
Address		Address		Address	
Vehicle & Registration		Vehicle & Registration		Vehicle & Registration	
Area of Damage		Area of Damage		Area of Damage	
Insurance company		Insurance company		Insurance company	
Policy/Certificate number		Policy/Certificate number		Policy/Certificate number	
Number of Passengers		Number of Passengers		Number of Passengers	
Description of any Injuries		Description of any Injuries		Description of any Injuries	

WITNESSES (Please use additional sheet if necessary)

1. Full Name		2. Full Name		3. Full Name	
Address		Address		Address	
Type of Witness	<ul style="list-style-type: none"> • Own passenger • Third party Passenger • Pedestrian • Other 	Type of Witness	<ul style="list-style-type: none"> • Own passenger • Third party Passenger • Pedestrian • Other 	Type of Witness	<ul style="list-style-type: none"> • Own passenger • Third party Passenger • Pedestrian • Other

POLICE

Did the police attend?		Were the Police informed?		Give name and number of attending officer	
Give address of station and incident reference number					
Are proceedings pending?		If so, against whom?			

THE ACCIDENT

Date		Time	
Accident location (include street names where possible)			
Speed of your vehicle before accident		Speed of your vehicle at moment of impact	Road speed limit
Were your vehicle lights on?		Were the streetlights on?	
Did any driver give any warning?		What were the weather conditions?	
What were the road conditions?			

ACCIDENT DESCRIPTION (please use additional sheet if necessary)

SKETCH PLAN (please use street names if possible)

DATA PROTECTION ACT CONSENT

By signing this Consent I/ we consent to Primary General Insurance Limited using the information they hold about me/ us including personal data and sensitive personal data in connection with this claim and in connection with insurers' provision to me/ us of insurance cover under the policy relevant to this claim or otherwise.

I/ we consent to the processing and transfer by Insurers and their agents including Primary General Insurance Limited of personal data and of sensitive personal data about me/ us where this is necessary (for example criminal convictions).

I/ we consent to the provision of details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. I/ we acknowledge that this information may be disclosed to agents and service providers appointed by Primary General Insurance Limited and or insurers.

I/ we confirm that where I/we provide sensitive personal information which relates to anyone other than me/ us, I/ we must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to Primary General Insurance Limited and its use by Primary General Insurance Limited as set out above.

I /we understand that the information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. I/we understand that I /we may apply for a copy of my/our information (for which I/ we may be charged a small fee) and to have any inaccuracies corrected.

Signature		Name in block capitals	
Position in company		Date	

DECLARATION

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief, I/we authorise the Company to make such admissions on my/our behalf as it deems appropriate and I/we agree to render the Company all assistance in the investigation of the Claim. I/we further agree to provide such assistance as may be necessary in pursuing recovery of any outlay. I/we confirm that I/we have not withheld any material information within my/our knowledge that may affect the granting of indemnity under my/our policy.

Signature		Name in block capitals	
Position in company		Date	

Please return to:

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