

## Motor Accident Report Form

**EMAIL:** [claims@ascendbroking.co.uk](mailto:claims@ascendbroking.co.uk)

### Important Information

#### Report claims immediately

The **sooner** we know about a **potential claim** the quicker we can respond. Use the **Ascend Claims App** at the scene of the accident [Click here](#)

#### Ascend Bump Cards - Use them

The cards contain the essential information needed on the spot to record the incident quickly - ensuring Third Party contact details are accurate supported by the claims app.

#### Who is to Blame?

Never admit liability at the scene but **DO ensure you tell you insurers claims team exactly what happened. Many weeks can be wasted** for smaller claims, with escalating costs, when stories change in light of further evidence down the line

#### Follow your company policy on accidents

For drivers this is very important as failure to do this could lead to disciplinary action

**Speed** - reporting incident within 15 mins if safe to do so

**Accurate** - ensure third party contact details are accurate

**Vigilance** – report suspicious activity to your insurer and Police

**Evidence** – gather as much possible e.g. photographic/video evidence, CCTV cameras in area

**SAVE = time and money**

## Motor Accident Report Form

EMAIL: [claims@ascendbroking.co.uk](mailto:claims@ascendbroking.co.uk)

<b>POLICYHOLDER:</b> V.A.T Registered? YES / NO		<b>POLICY NUMBER:</b>	<b>OUR REF NO.</b>
<b>HAS THE CLAIM BEEN REPORTED THROUGH Ascend Claims App?</b> YES / NO			<b>Date</b>
<b>DRIVER OF POLICYHOLDER'S VEHICLE (OR LAST IN CHARGE)</b>			
Name:	Date of Birth:	Age:	
Address:	Date Test Passed (for vehicle driven):		
Contact Number:	Class of License Held:	Groups/Categories Covered:	
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 3 years? YES / NO If yes, give details:			
Give details of all motoring convictions or prosecutions pending (i.e. charge: date: penalty). If none, please state 'None':			
Give details of any physical defect, infirmity, defective vision or hearing. If none, please state 'None':			
Does your policy include endorsement 3? If yes, please read the attached notice and sign the declaration (Please read carefully)			
<b>POLICYHOLDER'S VEHICLE</b>			
Make:	Model:	Registration Number:	
Gross Vehicle Weight:	For what purpose was the vehicle being used:		
Number of passengers:			
Trailer Attached? YES / NO	Make/Model/Serial Number:		
Vehicle still in use? YES / NO	Damage sustained in this incident:		
Do you have photos of the damage? YES /NO (If yes please attach)			
Where is the vehicle now? Location:			
Contact Number:			
<b>INCIDENT DETAILS</b>			
Date of Incident:	Time of Incident:	AM/PM:	
Location of Incident:	Town / County / Country:		
Speed of Vehicles: Yours (mph):	Others (mph):	Speed Limit (mph):	
<b>CIRCUMSTANCES OF INCIDENT</b>			
Please confirm exactly how the incident happened and confirm details of all property damage. If necessary please also provide a sketch of the incident to include the width of the roads, type and position of all road signs and markings, direction of travel of all parties and the points of impact(s) (Continue on a separate sheet if necessary)			
<b>IS THE INSURED DRIVER FULLY TO BLAME FOR THIS INCIDENT?</b>			

## Motor Accident Report Form

EMAIL: [claims@ascendbroking.co.uk](mailto:claims@ascendbroking.co.uk)

YES / NO: If "No" why not?	
<b>OTHER PARTY INVOLVED</b>	
Please confirm the names, addresses and contact numbers of all other parties involved (continue on a separate sheet if necessary)	
Name & address:	Make/Model/Colour of vehicle:
	Registration Number: <span style="float: right;">Number of passengers:</span>
	Were seat belts fitted to all vehicles? YES / NO
Telephone Numbers:	If 'Yes' were they in use at the time of the accident? YES / NO
Damage to vehicle / Point of impact:	
Do you have photos of the damage? YES / NO (If yes please attach)	
Insurers:	Policy Number:
<b>PROPERTY DAMAGE</b>	
Name & Address of Owner:	Extent of Damage:
<b>PERSONAL INJURY</b>	
Please confirm the names, addresses and tel. no's of all injured parties (continue on a separate sheet if necessary)	
Name/Address:	Name/Address:
Postcode:	Postcode:
Telephone Number:	Telephone Number:
Nature & Extent of Apparent Injuries:	Nature & Extent of Apparent Injuries:
Taken to Hospital: YES / NO	Taken to Hospital: YES / NO
Detained: YES / NO	Detained: YES / NO
Name & Address of Hospital:	Name & Address of Hospital:
<b>WITNESSES</b>	
Please confirm the names, addresses and telephone numbers of all witnesses to the incident (Please indicate if any of them are known to your driver):	
Name/Address:	Name/Address:
Post Code: <span style="float: right;">Telephone No:</span>	Post Code: <span style="float: right;">Telephone No:</span>
<b>POLICE</b>	
Did the police take details of the incident? YES / NO	If "Yes" please give details below:
Officer's Name:	Officer's Number:
Station Address:	
Did you make a written statement? YES / NO	Was anybody cautioned? YES / NO If "Yes" please give details below:

## Motor Accident Report Form

**EMAIL:** [claims@ascendbroking.co.uk](mailto:claims@ascendbroking.co.uk)

I declare that to the best of my knowledge and belief the details given are true. I understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. If the vehicle is beyond repair, I authorise removal to safe storage, subject to Policy Cover. I authorise you/your solicitors on my behalf to make enquiries/admissions/settlements and give consents as may be considered necessary for the disposal of such claims and litigation arising. I authorise the release of my DVLA records. I understand you may seek information from other Insurers to check the answers I have provided.

**Insurers pass information to the claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.**

Signature ..... Date .....

Print Name.....

# Motor Accident Report Form

*EMAIL: [claims@ascendbroking.co.uk](mailto:claims@ascendbroking.co.uk)*

## ADDITIONAL INFORMATION