Motor Incident Report Form

Please send the completed form as an attachment or print out and copy/scan/photograph and send via email to community@nadderce.org.uk

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| **Vehicle Details:** |
| Vehicle Reg: | Make: | Model: | Colour: | Owned by:Nadder Community Energy |
| **Establishment where vehicle usually kept (delete one)** Nadder Close Car Park / Nadder Community Centre |
| **Your full name:** |
| **Your contact telephone number:** |
| **Your address and postcode:** |
| **Date (dd/mm/yy) and Time of incident / / Time: am / pm**  |
| **Purpose of your journey:** |
| **Speed of vehicle at the time of the incident: mph** |
| **Was it on the nearside of the road? YES / NO**If yes, how far from the kerb? If no, state exact position: |
| **State/surface of the road:** | **Weather/ visibility:** |
| **Did either driver give any warnings? YES / NO** If yes, give details: |
| **No. of persons in vehicle** (include driver): |
| **Please provide name and contact details of any witnesses to the incident:** |
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| Was there Police involvement? YES / NO Please provide details: |

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| **Driver Details (you):** |
| **Driver of vehicle** (or last person in charge of the vehicle if not being driven)**:** |
| **Name:** |
| **Date of birth:** |
| **Home Address:** |
| **What is your profession/employment?** |
| **What is your driving licence number?** |
| **Previous accidents / licence endorsement (motoring convictions):** |

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| **Where did the accident occur?** (exact location/nearest possible identification road/village) |
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| **Third Party Details:** |  |
| **Was damage sustained to another person’s property or vehicle?** |  |
| **Owner’s name and address:** |  |
| **Driver’s name and address** (if different): |  |
| **Contact details** (Tel): |  |
| **Insurance Co:** | **Policy number:** |  |
| **Make and Model:** | **Registration No.** |  |
| **Description of property and damage sustained:** |  |
| **Have you received any correspondence regarding a possible claim against you?**(if yes, please give details)  |  |
| **Did anyone sustain injury as a result of the incident?** If yes, please give full details: (Names/address/nature of injury/hospitalised?) | **YES / NO** |
| **Please provide a description of the accident below:** **Give as much detail as possible** (include road markings, signals given, vehicle and persons in the vicinity) **No admission of liability or blame should be made to any third party** |
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| Please provide a sketch of the incident at the end of the form |

**Vehicle damage:**

If the vehicle has been damaged please give full details and indicate the area on the diagram:



No admission of liability or blame should be made to any third party.

The fullest information should be given on this form and submitted as soon as possible after the accident and in any event no longer than 60 days.

**Repair Process if known**

Please note we need to be informed of any claim within **8 hours** to ensure that cover is provided.

**Declaration:**

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief.

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| Driver’s signature: |  |
| Date: |  |

If you have any queries regarding the completion of this form, please contact 0330 111 4766

**Sketch of incident**