

Incident Report Form

* Please use page 3 if additional space is required when completing this form.

WNS Ref: _____ Policy Number/ Insurers Ref (as applicable): _____

Policyholder/Client Name _____ Dept/Cost Code _____

Full Address (including Branch / Floor If Relevant)

_____ Post Code _____

Is the company registered for VAT? YES/NO If registered, what % is recoverable? _____

To be completed by the driver or person last in charge of the vehicle

Name _____ Date of Birth _____

Home Address _____

Occupation _____ Daytime contact number _____

Have any you motoring convictions or pending prosecutions? YES/NO

Have you ever been refused motor insurance? YES/NO

Do you suffer from any medical disabilities? YES/NO

} If you answer 'YES' to any of these questions please provide full details on page 3

Type of driving licence held? Full/Provisional/HGV (delete as appropriate) Year license was issued _____

If 'HGV', state class of licence held _____

Did the driver suffer injury in this incident? YES / NO Nature of injury _____

Vehicle Details

Registration Number _____ Make & Model _____ Mileage _____

Year of Registration _____ Present Value _____ Owner _____ Registered Keeper _____

Has the vehicle been modified from manufacturer's standard? YES/NO

If YES please give details _____

Is the vehicle hired or leased to you or subject to a hire purchase agreement? YES/NO If YES please provide:

Name _____ Address _____

Telephone _____ Reference _____

Please state the precise purpose for which the vehicle was being used _____

If a trailer was attached please answer the following questions

Make _____ Model _____ Year of manufacture _____ Trailer Number _____

Details of Incident

Date ___/___/___ Time ___:___ AM/PM Incident location _____

Weather Conditions _____ Road Conditions _____ Speed limit _____ MPH

Type of road (single/dual carriageway etc) _____ Your speed _____ MPH Other vehicle's speed _____ MPH

Did the police attend? YES/NO If 'Yes', state Incident/Crime Ref _____

Name and Number of reporting Officer _____

Name of Constabulary _____

Area of damage to your vehicle _____ Severity of damage? Heavy/Medium/Light (delete as appropriate)

Where can your vehicle be inspected? _____

Theft or attempted theft cases only

Precautions taken to prevent theft? _____ Has the thief been apprehended? YES/NO

Incident Description

How did the incident occur? (detailed information to be given)

Who do you consider to blame?

Sketch

This should include the positions of those involved leading up to and after the incident and include position of road signs, road markings, obstacles reducing vision etc.

Other Parties Involved (if more than one vehicle involved please provide the following information on the back of page 3)

Other Driver's Name, Address and Contact Number _____

Insurer's Name and Address _____

Telephone Number _____ Policy/Ref No _____

Make of other party's vehicle _____ Model _____ Colour _____ Registration _____

Area of vehicle damage _____ Severity of damage? Heavy/Medium/Light (delete as appropriate)

Number of passengers in your vehicle _____ Number of passengers in other vehicles _____

Did anybody involved suffer injury? YES/NO * If 'YES' please provide full details on page 3

Did an ambulance attend the scene? YES/NO Was any party transferred to hospital by ambulance? YES/NO

Witnesses

Please provide witness details and state whether they were known to any of the parties involved

1. Name _____ Address _____

Contact Number _____ Known to whom? _____

2. Name _____ Address _____

Contact Number _____ Known to whom? _____

Supplementary Information

Details of person last in charge of the vehicle

- For motoring convictions please include offence code, conviction date, fine and points
- If you have any pending prosecutions please include date of alleged offence, nature of charges and hearing date if known
- If you have ever been refused insurance or had a claim declined please provide a full explanation
- Please advise the nature of any medical conditions or disabilities together with date of diagnosis and any medication prescribed

Have you or the person last in charge of the vehicle been advised not to drive by any Doctor or other medical professional?
YES/NO

Other parties involved / Further comments

Please provide details of all other parties involved. You must indicate how they were involved and whether you were aware of injuries arising and the nature of those injuries

Please continue overleaf if necessary

Statement of Truth (this must be signed and dated by the Policyholder or Client)

Please be aware that when you sign the Statement of Truth, you are agreeing that the contents of this Incident Report Form are true. Should this form and your Statement of Truth be served in Court proceedings the contents of the form will be evidence on oath and the rules of perjury will apply.

If you believe that the driver or person last in charge of the vehicle is responsible for the incident, then you should say so clearly. Take note that if you agree that he/she is responsible for the incident, such an admission will be binding and cannot be retracted at a later date.

1. I authorise any solicitor nominated to sign any Court document on my behalf
2. I believe that the facts stated in this document are true
3. I have read and understand the declarations above

Signature of Policyholder/Client _____ Date _____

WNS Assistance, St Vincent House, Cutler Street, Ipswich, IP1 1LL
Telephone: 01473 400 400 Fax: 08700 402 740