

Motor Accident Report Form

EMAIL: 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

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 your insurer's 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 – Report the incident within 15 minutes 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 as possible e.g. photographic/video evidence, CCTV cameras in the area

SAVE = Your time and money

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POLICYHOLDER: V.A.T Registered? YES / NO		POLICY NUMBER:	OUR REF NUMBER:
Has the claim been reported through the Ascend Claims App? YES / NO			Date:
DRIVER OF POLICYHOLDER'S VEHICLE (OR LAST IN CHARGE)			
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)			
POLICYHOLDER'S VEHICLE			
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:			
INCIDENT DETAILS			
Date of Incident:	Time of Incident:	AM/PM:	
Location of Incident:	Town / County / Country:		
Speed of Vehicles: Yours (mph):	Others (mph):	Speed Limit (mph):	
CIRCUMSTANCES OF INCIDENT			
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)			
IS THE INSURED DRIVER FULLY TO BLAME FOR THIS INCIDENT?			

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YES / NO: If "No" why not?

OTHER PARTY INVOLVED

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:

Number of passengers:

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:

PROPERTY DAMAGE

Name & Address of Owner:

Extent of Damage:

PERSONAL INJURY

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:

WITNESSES

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:

Telephone No:

Post Code:

Telephone No:

POLICE

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:

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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.....

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ADDITIONAL INFORMATION