

Premier Claims
PO Box 119
Cheltenham
GL51 4YD

Tel: 0844 472 2513

Email: motorclaims@tcsclaims.co.uk

Reference _____

Incident Date _____

Please note our interest in the above incident as the claims handling organisation working for your motor insurers. Even if you are not pursuing a claim for your own damage, this document needs completing and returning to us immediately – please take the time to complete it thoroughly as false information may invalidate the claim and/or leave you responsible for any claim made against you.

HOW DO I COMPLETE THIS FORM?

Please complete all relevant sections of the attached form fully and clearly in **BLOCK CAPITALS**

- Please provide us with as much information as possible.
- If you need any help in completing the form, please contact us on the number above.
- It is important that you sign the declaration at the end of the form, and if someone other than you (the Policyholder) was last in charge of the vehicle, then he/ she should also sign.

In accordance with the DATA PROTECTION ACT 1998, we bring to your attention that insurers maintain a Motor Insurance Anti Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

IMPORTANT NOTES TO READ BEFORE COMPLETING THIS FORM

- We will check your details with fraud prevention agencies.
- If you provide false or inaccurate information and we suspect fraud, we will record this.
- Law enforcement agencies may access and use this information.
- All claims are investigated; certain cases may be referred to our specialist claims investigation unit.
- If the insured vehicle has comprehensive cover and has been damaged beyond economical repair; we will move the vehicle to a place of free and safe storage pending resolution of your claim unless you wish to make other arrangements.
- Please ensure your personal effects are removed from the vehicle.
- Failure to complete all sections of the accident report form and provide all information requested may result in delays in handling your claim, or the claim being made against you.

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.

ENCLOSURES REQUIRED:

If you think your vehicle is beyond economical repair and you are comprehensively covered, please provide the following:

- Registration Document
- MOT certificate
- Details of previous owner and purchase receipt
- Finance settlement figure (if applicable)
- Full Service History or any other information you feel may assist in the valuation of your vehicle

We suggest you keep copies of any documents you send in to us.

POLICYHOLDER

Name _____ Date of Birth _____

Address _____

Postcode _____

Full Time Occupation _____ Part Time Occupation _____

Daytime Tel. _____ Evening Tel. _____ Email _____

Do you own any other vehicle? YES NO If YES please give details _____

ACCIDENT DETAILS

Location _____ Postcode _____ Time _____ AM PM

Visibility: Daylight Dusk Dark

Weather Conditions: Bright Overcast Raining Fog Snow/Ice

Type of Road: Country Lane One lane in each direction Two lanes in each direction Three or more lanes

One Way Car Park Other (please state) _____

Who do you feel is responsible for the incident? Driver Other Driver Both Other _____

Would you be willing to attend court if required? YES NO

Did the police attend? YES NO If YES please answer following:

Incident Ref. _____ Name and number of attending officer _____

Name and Address of Police Station _____

Total number of people in your vehicle (please supply name, age and sex if known)

ACCIDENT DIAGRAM

Immediately prior to loss

Description _____

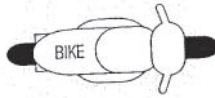
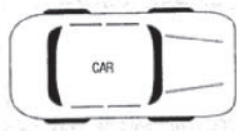
At point of impact

Description _____

If you would like to explain further please add an additional sheet

VEHICLE DAMAGE

What are the areas of damage to your vehicle? (Please Circle area of damage)



Is there any pre-existing damage? YES NO If YES please state _____

Is vehicle currently in use? YES NO If NO Is the vehicle incurring storage charges? YES NO

IMPORTANT: If you have comprehensive cover and vehicle is in storage please call us immediately with the location, otherwise you may be responsible for any unnecessary charges incurred.

Please note if you have Third party Fire and Theft cover you will not be covered for these charges.

WITNESSES

Name _____

Address _____

Tel. _____ Email _____

Is this person known to the policy holder (give details)

Name _____

Address _____

Tel. _____ Email _____

Is this person known to the policy holder (give details)

OTHER PARTY INVOLVED

Other Driver 1

Name _____

Address _____

Male Female

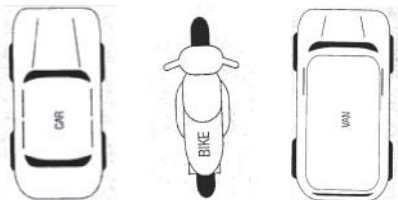
Tel. No. _____

Email _____

Insurer Name _____

Insurer Ref. _____

Please circle damage:



Estimated Cost _____

Make/Model _____

Vehicle Reg. _____

Colour _____

Number of people in Vehicle
(please give name, age and sex if known)

Other Driver 2

Name _____

Address _____

Male Female

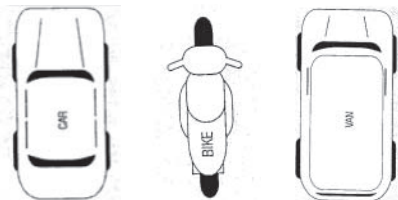
Tel. No. _____

Email _____

Insurer Name _____

Insurer Ref. _____

Please circle damage:



Estimated Cost _____

Make/Model _____

Vehicle Reg. _____

Colour _____

Number of people in Vehicle
(please give name, age and sex if known)

Other Driver 3

Name _____

Address _____

Male Female

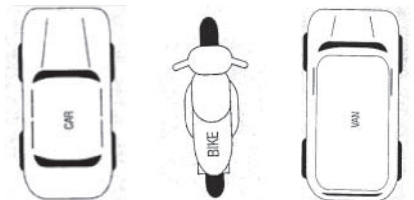
Tel. No. _____

Email _____

Insurer Name _____

Insurer Ref. _____

Please circle damage:



Estimated Cost _____

Make/Model _____

Vehicle Reg. _____

Colour _____

Number of people in Vehicle
(please give name, age and sex if known)

OTHER PROPERTY DAMAGE

If there is any other property damage please give details:

Type of property and extent of damage _____

Name of owner _____ Telephone _____

Any claims received _____

INJURIES

Person 1

Name _____

Address _____

Occupation _____

Age (approx) _____

Male Female

Tel. No. _____

Email _____

Nature of injuries

Which vehicle/pedestrian

Where were they sat

Ambulance required YES NO

Person 2

Name _____

Address _____

Occupation _____

Age (approx) _____

Male Female

Tel. No. _____

Email _____

Nature of injuries

Which vehicle/pedestrian

Where were they sat

Ambulance required YES NO

Person 3

Name _____

Address _____

Occupation _____

Age (approx) _____

Male Female

Tel. No. _____

Email _____

Nature of injuries

Which vehicle/pedestrian

Where were they sat

Ambulance required YES NO

IMPORTANT: Please carefully read the declaration below before signing. Please ensure all questions have been answered, all details supplied. This will avoid delay caused by our having to return this form to you.

DECLARATION

I declare that the above statements are correct and true to the best of my knowledge and belief. I hold no other policy in addition to this indemnifying me in respect of this claim.

I have not withheld from the insurer any information within my knowledge connected with this incident. I understand that any mis-statements or the withholding of information will render my claim void.

I agree to provide the insurers with any further information or documentation as may be required.

I understand the Insurer does not admit liability by issue of this form.

I understand the Insurer may require me to be available for interview by their appointed representative, and further understand that any information give may well be recorded and analysed.

I understand that you may seek information from other insurers to check the answers I have provided.

Insured Signature _____

Person in charge of vehicle _____ Date _____

(If not the insured)