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Premier Claims  
 PO Box 119  
 Cheltenham  
 GL51 4YD

Our Reference \_\_\_\_\_  
 Our Insured \_\_\_\_\_  
 Our Vehicle \_\_\_\_\_

Tel: 0844 472 2513  
 Email: motorclaims@tcsclaims.co.uk

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE**

**Statement of** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Daytime Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Do you know anyone involved in the accident? YES  NO   
 If yes, who? \_\_\_\_\_ Relationship \_\_\_\_\_

Did you see the accident? YES  NO  Date of Accident \_\_\_\_\_  
 Time of accident \_\_\_\_\_ Location of accident \_\_\_\_\_

The vehicles concerned were:  
 Reg. No. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ Driven by \_\_\_\_\_  
 Reg. No. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ Driven by \_\_\_\_\_

Was our insured's vehicle on the correct side of the road? YES  NO   
 Was the other vehicle on the correct side of the road? YES  NO

Indicate speed of: Our insured's vehicle \_\_\_\_\_ The other vehicle \_\_\_\_\_

Did either party give warning? YES  NO   
 If yes, who? \_\_\_\_\_ and how? (lights, horn, etc) \_\_\_\_\_

Were all parties sober? YES  NO  If not, who? \_\_\_\_\_

Please describe at the time of accident:  
 The road condition \_\_\_\_\_ The weather \_\_\_\_\_ The visibility \_\_\_\_\_

Please describe the lights (if any) displayed by all parties:  
 Our insured: **Lights** Head  Side  **Indicator** Left  Right   
 Other party: **Lights** Head  Side  **Indicator** Left  Right

Did either party fail to observe road signs? YES  NO  If yes, who? \_\_\_\_\_

Please give names/addresses of other witnesses if applicable  
 \_\_\_\_\_  
 \_\_\_\_\_

In your opinion, who was to blame? \_\_\_\_\_  
 Please give details of any statements of liability given by anyone \_\_\_\_\_  
 \_\_\_\_\_

## DESCRIPTION OF ACCIDENT

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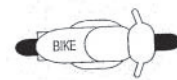
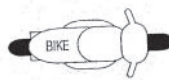
### Explanatory Sketch

Please indicate the insured and all other vehicles involved by their registration numbers

#### Indicate

1. The layout of the road
2. The direction of the vehicles
3. Their position at the time of the impact
4. The road signs

Please draw a sketch plan of the accident clearly indicating your location at the time of the impact



Indicate by an arrow the point of initial impact on the insured vehicle

Indicate by an arrow the point of initial impact on the other vehicle

## TO BE COMPLETED FOR ACCIDENTS INVOLVING PEDESTRIANS

Did the pedestrian use a recognised crossing? YES  NO

YES  NO

If yes, was it controlled by lights? YES  NO

If yes, did the pedestrian heed the lights? YES  NO

YES  NO

Was the pedestrian running? YES  NO

YES  NO

Did the pedestrian look in our insured's direction? YES  NO

YES  NO

What colour clothing was the pedestrian wearing? \_\_\_\_\_

Have you additional comments to make? \_\_\_\_\_

\_\_\_\_\_

**Notice: 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**

## DECLARATION

I/We consent to my name and address and the fact that I am a witness to this incident being supplied to IDS Ltd and ABI so that it can be made available to other participating insurers investigating notified incidents which may or may not give rise to a claim. I/We also agree that, in response to any searches you may make in connection with this incident, IDS Ltd and ABI may supply information it has received from other insurers about other incidents I/we have notified or witnessed. However, this information will not be disclosed to any insurer whom I/we may apply for insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_