private car accident notification form

ZURICH

Please return to

Please tick this box if the form is for information only *(I.e. you require no action on our part and do not wish to claim against your policy in respect of your vehicle or any Third Party vehicle or property damage).* **DO NOT TICK THIS BOX IF ANY PERSON WAS INJURED IN THE ACCIDENT.**

Uninsured loss recovery

IMPORTANT: PLEASE TICK THIS BOX IF IT IS YOUR INTENTION TO CLAIM UNDER THE UNINSURED LOSS RECOVERY SECTION OF THIS POLICY.

Zurich policy number

Broker reference number

Zurich claim number *(if known)*

Important notes to be read before completing this form

1. Please fill in ALL RELEVANT SECTIONS OF THE FORM. A fully completed form will help us to deal with your claim more efficiently.
2. The form should be completed in BLOCK CAPITALS.
3. If you need more space to answer any of the questions, please use a separate sheet and ATTACH it to this form.
4. Please submit original documents in support of your claim as copies are not acceptable.
5. Zurich Insurance Company does not admit liability by issuing this form.
6. If the insured vehicle has been damaged beyond economical repair, **WE WILL MOVE THE VEHICLE TO A PLACE OF FREE STORAGE PENDING RESOLUTION OF YOUR CLAIM** unless you wish to make other arrangements. Please ensure your personal effects are removed from the vehicle.

Warning - fraud

A fraudulent claim will result in the loss of all policy benefits and may lead to the institution of criminal proceedings.

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register, operated by the Association of British Insurers. Lists of participants are available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Details of policyholder

Name

Postal address

Town | County | Post code

Home telephone number *(inc. STD)* | Business telephone number *(inc. STD)*

Occupation *(including any part-time work)*

Please tick box

Are you registered as taxable for VAT? Yes No

If Yes, but you are partially exempt, what percentage are you provisionally assessed as being able to recover? %

Details of policyholder *(continued)*

Please tick box

Type of UK driving licence held — Full ☐ Provisional ☐ None ☐

Date UK driving test passed | Date of birth

Have you any conviction in connection with any motor vehicle or are any charges pending? Yes ☐ No ☐

If Yes, give full details including dates

Details of insured vehicle

Make | Model | Colour

Registration number | Cubic capacity | Year of make (19)

Are you the owner? Yes ☐ No ☐ If No, are you the registered keeper? Yes ☐ No ☐

If NO, to either, advise details of the owner/registered keeper

Is the vehicle subject to a Hire Purchase agreement? Yes ☐ No ☐

If Yes, state name, address and account number of Finance Company

On what date did you purchase the vehicle? | Was it purchased new? Yes ☐ No ☐

Mileage at date of accident?

Damage to insured vehicle

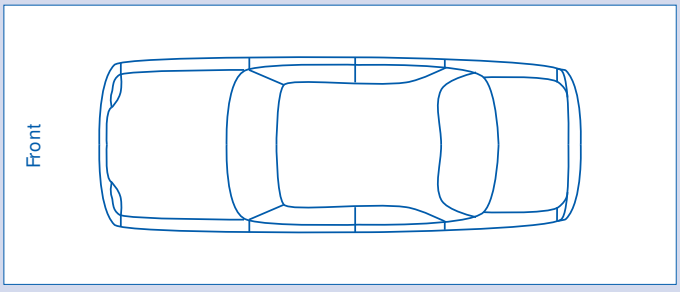
HAVE YOU CONTACTED THE ZURICARE HELPLINE FOR ASSISTANCE? Yes ☐ No ☐

Repairer's name and address

Town

County | Post code

Please mark the area of damage and angle of impact



Repairer's telephone number *(inc. STD)*

Is the vehicle still in use? Yes ☐ No ☐

If No, indicate address where it can be inspected

Town | County | Post code

Where your vehicle is damaged and you are entitled to claim under your policy please supply an estimate for the repairs unless you have elected for the repairs to be undertaken by a Zurich Insurance Quality Assured repairer.

Use of insured vehicle

For what purpose was the vehicle being used at the time of the accident?

Social/Domestic ☐ Home to work/Work to home ☐ Business ☐ Other ☐

If Business or Other, give particulars including details of any goods being carried

Driver or last person in charge

Were you driving/last in charge of the vehicle? Yes ☐ No ☐

If Yes, you need not complete the next section, if No, the next section MUST be completed in respect of the person who was driving or last in charge.

Details of person driving or last in charge *(if not policyholder)*

Name

Postal address

Town | County | Post code

Home telephone number *(inc. STD)* | Business telephone number *(inc. STD)*

Occupation *(including any part-time work)*

Is he/she employed by you? Yes ☐ No ☐

Type of UK driving licence held Full ☐ Provisional ☐ None ☐

Date UK driving test passed | Date of birth

Have you any conviction in connection with any motor vehicle or are any charges pending? Yes ☐ No ☐

If Yes, give full details including dates

Was he/she using the vehicle with your permission? Yes ☐ No ☐

Has he/she a vehicle of his/her own? Yes ☐ No ☐

If Yes, give name of insurer and policy number

Other vehicles involved and property damaged

Other drivers name	Other drivers address	Make and reg. no. of other vehicle	Apparent damage	Other driver's insurers and policy no.

Persons injured *(please give details no matter how slight the injury)*

Name and address of injured person	State whether: a) Passenger in your vehicle b) Driver of other vehicle c) Passenger in other vehicle d) Pedestrian/cyclist	Seat belt worn *(Yes/No)*	Married or single *(if known)*	Describe injuries and if detained in hospital

Independent witnesses

Name	Address	State if known to your or your driver	Age *(approx.)*

Passengers in your vehicle

Name	Address	Age	In rear or front of vehicle	Seat belts worn *(Yes/No)*	Occupation *(if known)*

Accident

Date | Time (am/pm) | Street/Town

Weather conditions prevailing | Visibility *(yards/metres)*

What lights were showing on your vehicle? | What warning did you or your driver give?

Estimated speed: a) before accident (mph) | b) at the moment of accident (mph)

Did the Police take particulars? Yes ☐ No ☐

If Yes, give police officer's number and full address of Police Station

Town | County | Post code

Have you or your driver been warned by police of possible prosecutions? Yes ☐ No ☐

If Yes, state charges

Plan of accident

Draw a sketch *(stating approximate measurements)* showing positions of vehicles and persons concerned and the directions in which they were travelling?

Who was at fault? Self/my driver ☐ Other person ☐ Both ☐ No-one ☐

State fully what happened:

Declaration

If your Policy is in joint names but you do not have a joint Bank Account, please indicate to whom any settlement cheque should be made payable

I declare all these particulars to be true, unless I have indicated that this form is for information only by ticking the box on the front of this form, I undertake to forward immediately *(and unanswered)* any correspondence relating to this accident. I understand that you may seek information from other insurers to check the answers I have provided.

Policyholder's Signature | Date

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