



MOTOR VEHICLE ACCIDENT

GUIDANCE NOTES and REPORT FORM

MOTOR VEHICLE ACCIDENT CLAIMS

The following notes have been prepared to help you make your claim. We recommend that you read them carefully BEFORE submitting your form OR taking steps to have any repair work done.

ALL POLICYHOLDERS

1. It is a condition of your Policy that you notify us of all accidents.
2. The accident report form should be completed and returned to us as soon as possible.
3. The questions should be answered as fully as possible. Do not delay sending in your form if you are unable to provide all the information immediately. These details can be sent to us at a later date.

FOR COMPREHENSIVE POLICYHOLDERS

1. The submission of a report form will not always mean that a claim will be recorded under the terms of your policy.

We appreciate that in some circumstances, you will wish to deal with the accident yourself and will not want us to take any action with regard to the repairs to your vehicle or in dealing with any Third Parties. If this is the case, please tick the box on the top left of the claim form. We will then note that your report form is for information purposes only.

2. If you are making a claim for repairs to your vehicle, we would prefer that you use one of our Recommended Repairers.

These garages have been carefully selected and will prepare an estimate which will be sent direct to us. Arrangements will be made for repairs to commence as soon as possible.

Once repairs are completed, we will settle the account direct with the garage (less any amount you are required to pay under the terms of your policy). All repairs are guaranteed and do not breach manufacturer's warranties.

Our Recommended Repairer Scheme has been designed so that you may also enjoy the following benefits:

- free collection and delivery of vehicles within the Island
- free valeting of vehicles on completion of repairs
- loan or hire cars at preferential rates while your vehicle is in for repairs (this expense is not covered by your policy).

Please contact us, or your broker, for details of the Recommended Repairers in your area.

3. If you should decide not to take advantage of your Recommended Repairer Scheme, we will require two written estimates for our consideration.

If you have any queries please do not hesitate to contact ourselves or your broker.

If you do not wish us to handle the claim on your behalf and are completing this form for information purposes only - please tick box



INSURANCE CORPORATION

Motor Vehicle Accident Report Form

PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID DELAY IN HANDLING YOUR CLAIM.

Dixcart House
St. Peter Port
Guernsey, GY1 4EY
Channel Islands

26-30 Queen Street
St. Helier
Jersey, JE4 8ZN
Channel Islands

Telephone: 01481 713322
Facsimile: 01481 713434

Telephone: 01534 700200
Facsimile: 01534 768447

To assist you in completing this form and preparing your claim please read the notes attached.

Name.....(Mr./Mrs./Miss/Ms)	Telephone No.....(Home)
Address.....	Telephone No.....(Work)
.....Postcode.....	
Occupation/Business.....	Certificate/ Policy No.
V.A.T. Registered. YES / NO	

VEHICLE DETAILS

Make Model Registration No.

Year first registered Value Engine Capacity Chassis No.

Give details of any trailer and/or loose container

Is the vehicle, trailer or container owned by the policyholder? YES / NO

If not, give details of owner e.g. Hire Purchase company

PARTICULARS OF DRIVER/USE

Name.....(Mr./Mrs./Miss/Ms)	Age
Address.....	Date passed CI/UK driving test
.....Postcode.....	Permitted groups
Type of licence held - Full/Provisional/Heavy Goods <i>(delete as appropriate)</i>	

If licence issued outside Channel Islands or Great Britain or Northern Ireland, state how long held Yrs

Was the vehicle being used on policyholders order or with permission? YES / NO

For what purpose was the vehicle being used?

If driver is not policyholder give details of relationship, e.g. employee, family, relation, friend

Has driver (a) Been convicted of any driving/motoring offence within the last 5 years or is prosecution pending? YES / NO

If 'YES' please give details

(b) Been involved in an accident during the last 5 years? YES / NO

If 'YES' please give details

If private car, who is the main user?

DETAILS OF DAMAGE TO POLICYHOLDERS VEHICLE

Damage

Point of impact: Mark XXXXXX

	
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(If we cover the damage to your car our **Recommended Repairer Scheme** offers the advantage of guaranteed repairs. Please ask your Insurance adviser about the most suitable repairer for your particular vehicle).

Is your vehicle still in use?

Have you authorised repairs?

Where may our engineer inspect the vehicle?

SKETCH

Please make a rough sketch showing road widths, traffic lights, signs, warnings etc., where appropriate. Indicate direction of vehicle with an arrow.

Give name and address of any independent witnesses.

1.

 Tel No.....

2.

 Tel No.....

CIRCUMSTANCES OF ACCIDENT

Date Time Place: Street or Road

Parish/Town County Speed

Were the Police called? If 'YES' give details of Police Station concerned

Give details of what happened.

Who do you consider at fault?

PARTICULARS OF OTHER PARTIES INVOLVED AND PROPERTY DAMAGE

Name and Address of owner and, if applicable, drive	Reg No.	Insurers Name, Address & Policy No.	Apparant Damage
..... Post code			

DETAILS OF PERSONS INJURED

Name and addresses	Nature of Injury
1. Own Passengers: 2. Others:	

Were the passengers wearing seat belts?

Were the passengers employed by you?

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 understand that you may ask for information from other insurers to check the answers I/we have provided.

All communications relating to the accident must be forwarded immediately unanswered to Insurance Corporation. I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief.

Date

Signature of Insured

ADDITIONAL INFORMATION