

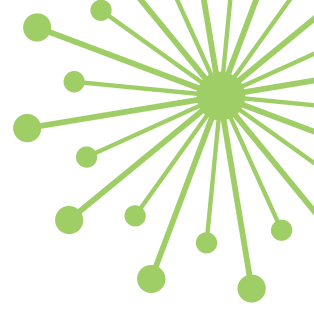
## MOTOR CLAIMS

### When an incident occurs drivers must: -

- Report incident to the insurers using the appropriate help line number, which appears on our website, in your policy documentation or, in some cases on the Claims Start Card issue by insurers.
- You will also need the policy number which can be found in any policy documentation, certificate or Claims Start Card
- Photographs of the scene should be taken where appropriate
- Where photographs are not appropriate, a sketch should be made whilst incident is still fresh in the drivers mind.
- The internal motor accident form should be completed and a copy faxed to Stonebridge Corporate on **01372 724 789**.

### Remember at the scene of the incident to obtain: -

- Full details of any and all third parties - Name, address, telephone number, Name & address of Insurers, policy no, registration number, make and model of vehicle, any injuries.
- Description of damage to vehicle or property.
- Details of any doctor or hospital attending injured person.
- Witness details, name, address, were they independent or passengers?
- Were the police called, did they attend the scene? Name, number, station.



MOTOR ACCIDENT REPORT FORM

**Policyholder details**

Policyholder:			
Address:			
Daytime telephone:			
VAT Registered:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount Recoverable: %

**Driver/Person in charge of the vehicle**

Name:			
Address:			
Daytime telephone:		Evening telephone:	
Date of birth:			
Type of licence:			
Date passed test:			
Any previous claims: (Last 5 years)*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any motoring convictions: (Last 5 years)*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any pending prosecutions*:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any Physical/ Medical conditions*:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any Injuries sustained in incident*:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

\*If YES, please give details.

--



## Passenger Details

Were there any passengers:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name:		
Date of birth:		
Relationship to the driver:		
Any injuries sustained*:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\*If YES, please give details:

## Vehicle Details

Registration No.:		Year:
Make/Model:		
CC.:		Owner:
Purpose of Journey:		
HP Details:		
Details of any damage to the vehicle:		

## Circumstances

Date:		Time:
Statement of Events:		
Who do you consider at fault for this accident:		
Location of incident:		
Has this been reported to Insurers:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were any photographs taken at the scene?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



### Third Party Details

Name:		
Address:		
Daytime telephone:		Evening telephone:
Registration number:		
Make/Model of vehicle:		
Third Party Insurers:		
Policy Number:		Claim Number:
Details of any damage to vehicle:		
Details of any Injuries:		

### Witness Details

Name:		
Address:		
Telephone:		
Were they a passenger in any vehicle:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are they known to you:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Police Details

Did the police attend:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Officers Name:		
Officers Number:		
Police Station:		
Telephone:		
Crime Number:		
Were any warnings given:	YES <input type="checkbox"/>	NO <input type="checkbox"/>



Please provide a diagram of the incident

A large, empty rectangular box intended for the user to draw a diagram of the incident.

stonebridge corporate ltd, suite 2, oaks house, 12-22 west street, epsom, surrey kt18 7rg  
t. 01372 724747 f. 01372 724789 e. enquiries@stonebridgecorporate.com www.stonebridgecorporate.com

Registered in England. Registration No. 05452081 Authorised and regulated by the Financial Services Authority