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| Claims Department,Caunce O'Hara Insurance Brokers Ltd,81 King StreetManchesterM2 4AHPhone: 0161 833 2100 stevewhitehead@cohibl.com |
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**Motor Accident Report Form**

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| **Polidyholder Name** | Click or tap here to enter text. |
| **Policyholder Address** | Click or tap here to enter text. |
| **Contact Person** | Click or tap here to enter text. |
| **Contact Telephone No.** | Click or tap here to enter text. |

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| **Driver Name** | Click or tap here to enter text. |
| **Driver address** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **Occupation** | Click or tap here to enter text. |
| **When did you pass your driving test** | Click or tap here to enter text. |
| **Do you have any driving convictions** | Click or tap here to enter text. |

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| **Accident Details** | Click or tap here to enter text. |
| **Date of Accident** | Click or tap here to enter text. |
| **Location of Accident** | Click or tap here to enter text. |
| **Weather conditions** | Click or tap here to enter text. |
| **Speed you were travelling** | Click or tap here to enter text. |
| **Number of passengers in your vehicle** | Click or tap here to enter text. |

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| **Your vehicle registration number** | Click or tap here to enter text. |
| **Make and model** | Click or tap here to enter text. |
| **Is the vehicle owned, leased or on hire** | Click or tap here to enter text. |
| **Name of Lease company if applicable** | Click or tap here to enter text. |
| **Current Location of vehicle** | Click or tap here to enter text. |
| **Areas of damage to your vehicle** | Click or tap here to enter text. |

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| **Third Party name** | Click or tap here to enter text. |
| **Third party registration number** | Click or tap here to enter text. |
| **Contact number**  | Click or tap here to enter text. |
| **Number of passengers in third party vehicle** | Click or tap here to enter text. |
| **Insurance details** | Click or tap here to enter text. |

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| **Did Police attend the accident scene** | Click or tap here to enter text. |
| **Police reference number** | Click or tap here to enter text. |

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| **Please describe the accident circumstances** |
| Click or tap here to enter text. |

Please continue on a separate sheet if necessary and you may be asked to provide a diagram of the accident scene.