

Premier Claims  
PO Box 119  
Cheltenham  
GL51 4YD

Tel: 0844 472 2516

Email: [motorclaims@tcsclaims.co.uk](mailto:motorclaims@tcsclaims.co.uk)

Reference \_\_\_\_\_

Incident Date \_\_\_\_\_

Please note our interest in the above incident as the claims handling organisation working for your motor insurers. Even if you are not pursuing a claim for your own damage, this document needs completing and returning to us immediately – please take the time to complete it thoroughly as false information may invalidate the claim and/or leave you responsible for any claim made against you.

## HOW DO I COMPLETE THIS FORM?

Please complete all relevant sections of the attached form fully and clearly in **BLOCK CAPITALS**

- Please provide us with as much information as possible.
- If you need any help in completing the form, please contact us on the number above.
- It is important that you sign the declaration at the end of the form, and if someone other than you (the Policyholder) was last in charge of the vehicle, then he/ she should also sign.

In accordance with the DATA PROTECTION ACT 1998, we bring to your attention that insurers maintain a Motor Insurance Anti Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

## IMPORTANT NOTES TO READ BEFORE COMPLETING THIS FORM

- We will check your details with fraud prevention agencies.
- If you provide false or inaccurate information and we suspect fraud, we will record this.
- Law enforcement agencies may access and use this information.
- All claims are investigated; certain cases may be referred to our specialist claims investigation unit.
- If the insured vehicle has comprehensive cover and has been damaged beyond economical repair; we will move the vehicle to a place of free and safe storage pending resolution of your claim unless you wish to make other arrangements.
- Please ensure your personal effects are removed from the vehicle.
- Failure to complete all sections of the accident report form and provide all information requested may result in delays in handling your claim, or the claim being made against you.

*We pass information to external companies and agencies, for example, (but not limited 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 those external companies and agencies.*

## ENCLOSURES REQUIRED:

If you think your vehicle is beyond economical repair and you are comprehensively covered, please provide the following:

- Registration Document
- MOT certificate
- Details of previous owner and purchase receipt
- Finance settlement figure (if applicable)
- Full Service History or any other information you feel may assist in the valuation of your vehicle

*We suggest you keep copies of any documents you send in to us.*

## POLICYHOLDER

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Full Time Occupation \_\_\_\_\_ Part Time Occupation \_\_\_\_\_

Daytime Tel. \_\_\_\_\_ Evening Tel. \_\_\_\_\_ Email \_\_\_\_\_

Do you own any other vehicle? YES  NO  If YES please give details \_\_\_\_\_

## ACCIDENT DETAILS

Location \_\_\_\_\_ Postcode \_\_\_\_\_ Time \_\_\_\_\_ AM  PM

Visibility: Daylight  Dusk  Dark

Weather Conditions: Bright  Overcast  Raining  Fog  Snow/Ice

Type of Road: Country Lane  One lane in each direction  Two lanes in each direction  Three or more lanes

One Way  Car Park  Other (please state) \_\_\_\_\_

Who do you feel is responsible for the incident? Driver  Other Driver  Both  Other \_\_\_\_\_

Would you be willing to attend court if required? YES  NO

Did the police attend? YES  NO  If YES please answer following:

Incident Ref. \_\_\_\_\_ Name and number of attending officer \_\_\_\_\_

Name and Address of Police Station \_\_\_\_\_

Total number of people in your vehicle (please supply name, age and sex if known)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACCIDENT DIAGRAM

Immediately prior to loss

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At point of impact

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

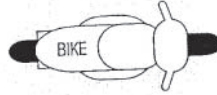
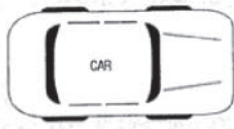
\_\_\_\_\_

\_\_\_\_\_

If you would like to explain further please add an additional sheet

## VEHICLE DAMAGE

What are the areas of damage to your vehicle? (Please Circle area of damage)



Is there any pre-existing damage? YES  NO  If YES please state \_\_\_\_\_

Is vehicle currently in use? YES  NO  If NO Is the vehicle incurring storage charges? YES  NO

**IMPORTANT: If you have comprehensive cover and vehicle is in storage please call us immediately with the location, otherwise you may be responsible for any unnecessary charges incurred.**

**Please note if you have Third party Fire and Theft cover you will not be covered for these charges.**

## WITNESSES

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Is this person known to the policy holder (give details)

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Is this person known to the policy holder (give details)

\_\_\_\_\_  
\_\_\_\_\_

## OTHER PARTY INVOLVED

### Other Driver 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Male  Female

Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

Insurer Name \_\_\_\_\_

Insurer Ref. \_\_\_\_\_

Please circle damage:



Estimated Cost \_\_\_\_\_

Make/Model \_\_\_\_\_

Vehicle Reg. \_\_\_\_\_

Colour \_\_\_\_\_

Number of people in Vehicle  
(please give name, age and sex if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Driver 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Male  Female

Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

Insurer Name \_\_\_\_\_

Insurer Ref. \_\_\_\_\_

Please circle damage:



Estimated Cost \_\_\_\_\_

Make/Model \_\_\_\_\_

Vehicle Reg. \_\_\_\_\_

Colour \_\_\_\_\_

Number of people in Vehicle  
(please give name, age and sex if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Driver 3

Name \_\_\_\_\_

Address \_\_\_\_\_

Male  Female

Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

Insurer Name \_\_\_\_\_

Insurer Ref. \_\_\_\_\_

Please circle damage:



Estimated Cost \_\_\_\_\_

Make/Model \_\_\_\_\_

Vehicle Reg. \_\_\_\_\_

Colour \_\_\_\_\_

Number of people in Vehicle  
(please give name, age and sex if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER PROPERTY DAMAGE

If there is any other property damage please give details:

Type of property and extent of damage \_\_\_\_\_

Name of owner \_\_\_\_\_ Telephone \_\_\_\_\_

Any claims received \_\_\_\_\_

## INJURIES

### Person 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Age (approx) \_\_\_\_\_

Male  Female

Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

Nature of injuries

\_\_\_\_\_

\_\_\_\_\_

Which vehicle/pedestrian

Where were they sat

\_\_\_\_\_

Ambulance required YES  NO

### Person 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Age (approx) \_\_\_\_\_

Male  Female

Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

Nature of injuries

\_\_\_\_\_

\_\_\_\_\_

Which vehicle/pedestrian

Where were they sat

\_\_\_\_\_

Ambulance required YES  NO

### Person 3

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Age (approx) \_\_\_\_\_

Male  Female

Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

Nature of injuries

\_\_\_\_\_

\_\_\_\_\_

Which vehicle/pedestrian

Where were they sat

\_\_\_\_\_

Ambulance required YES  NO

**IMPORTANT:** Please carefully read the declaration below before signing. Please ensure all questions have been answered, all details supplied. This will avoid delay caused by our having to return this form to you.

## DECLARATION

I declare that the above statements are correct and true to the best of my knowledge and belief. I hold no other policy in addition to this indemnifying me in respect of this claim.

I have not withheld from the insurer any information within my knowledge connected with this incident. I understand that any mis-statements or the withholding of information will render my claim void.

I agree to provide the insurers with any further information or documentation as may be required.

I understand the Insurer does not admit liability by issue of this form.

I understand the Insurer may require me to be available for interview by their appointed representative, and further understand that any information give may well be recorded and analysed.

I understand that you may seek information from other insurers to check the answers I have provided.

Insured Signature \_\_\_\_\_

Person in charge of vehicle \_\_\_\_\_ Date \_\_\_\_\_

(If not the insured)