

Premier Claims
PO Box 119
Cheltenham
GL51 4YD

Tel: 0844 472 2516
Email: motorclaims@tcsclaims.co.uk

Our Reference _____
Our Insured _____
Our Vehicle _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE

Statement of _____
Address _____

Postcode _____
Date of Birth _____ Daytime Tel _____ Mobile _____

Do you know anyone involved in the accident? YES NO
If yes, who? _____ Relationship _____

Did you see the accident? YES NO Date of Accident _____
Time of accident _____ Location of accident _____

The vehicles concerned were:
Reg. No. _____ Make _____ Model _____ Colour _____ Driven by _____
Reg. No. _____ Make _____ Model _____ Colour _____ Driven by _____

Was our insured's vehicle on the correct side of the road? YES NO
Was the other vehicle on the correct side of the road? YES NO

Indicate speed of: Our insured's vehicle _____ The other vehicle _____

Did either party give warning? YES NO
If yes, who? _____ and how? (lights, horn, etc) _____

Were all parties sober? YES NO If not, who? _____

Please describe at the time of accident:
The road condition _____ The weather _____ The visibility _____

Please describe the lights (if any) displayed by all parties:
Our insured: **Lights** Head Side **Indicator** Left Right
Other party: **Lights** Head Side **Indicator** Left Right

Did either party fail to observe road signs? YES NO If yes, who? _____

Please give names/addresses of other witnesses if applicable

In your opinion, who was to blame? _____
Please give details of any statements of liability given by anyone _____

DESCRIPTION OF ACCIDENT

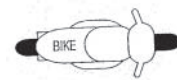
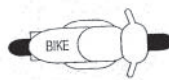
Explanatory Sketch

Please indicate the insured and all other vehicles involved by their registration numbers

Indicate

1. The layout of the road
2. The direction of the vehicles
3. Their position at the time of the impact
4. The road signs

Please draw a sketch plan of the accident clearly indicating your location at the time of the impact



Indicate by an arrow the point of initial impact on the insured vehicle

Indicate by an arrow the point of initial impact on the other vehicle

TO BE COMPLETED FOR ACCIDENTS INVOLVING PEDESTRIANS

Did the pedestrian use a recognised crossing? YES NO

YES NO

If yes, was it controlled by lights? YES NO

If yes, did the pedestrian heed the lights? YES NO

YES NO

Was the pedestrian running? YES NO

YES NO

Did the pedestrian look in our insured's direction? YES NO

YES NO

What colour clothing was the pedestrian wearing? _____

Have you additional comments to make? _____

Notice: 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.

DECLARATION

I/We consent to my name, address and information supplied being used as described above.

Signed _____ Date _____