**Accident Reporting Procedure**

In the event of an accident, your primary concern must be for the safety of all parties involved.

If the vehicle you are driving is involved in an accident, the following actions are necessary:

1. Stop quickly but safely. Switch on the four-way hazard lights to reduce the chance of someone else hitting you.
2. Obtain the names and addresses of any independent witnesses. This information should then be transferred to the Motor Claim Form.
3. Call Arnold Clark ASAP to inform them that damage has occurred 0845 7023946
4. In a damage-only accident, you have the legal obligation to exchange names, addresses and registration numbers with the other driver(s) involved. If, for any reason, it is not possible to exchange particulars at the scene, you must report the accident to the police within 24 hours.
5. Take photographs of the any visible damage.
6. If any personal injury has been sustained, no matter how slight, and even if it is possible to exchange particulars at the scene, you must report the accident to the police as soon as possible and, in any case, within 24 hours of the accident.
7. If you have been injured or feel any discomfort that might be attributable to the accident, it is important that you consult a doctor to initiate a medical report in case of subsequent injury claims.

**Completion of the Motor Claim Form**

Following any accident involving a University vehicle, Authorised Drivers must complete a Motor Claim Form regardless of whether or not there is any damage to the vehicle. The report should be checked by the Vehicle Coordinator and submitted to the Insurance Office.

**Third Party Claims – Legal Documents**

It is essential that any notice of intended prosecution, summons, or other Court Documents

are passed to the Insurance Office as soon as possible. These will then be passed to the

University Motor Insurers to deal with.

**UNIVERSITY OF EDINBURGH**

**MOTOR CLAIM FORM**

**Insurers - ZURICH MUNICIPAL (ZM) – POLICY NO NHE-15CA02-0013**

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| **This form must be completed and full and returned to the Insurance Office as soon as possible after the incident.****Insurance Office, University of Edinburgh, Charles Stewart House, 9-16 Chambers Street, Edinburgh, EH1 1HT****e-mail :** **insurance@ed.ac.uk****telephone : 0131 650 9154** |
| **DEPARTMENT NAME, ADDRESS AND CONTACT NO :** |
| **Vehicle Registration Number** | **Make & Model**  |
| **DRIVER |(or person last in charge of the vehicle, prior to the damage occurring)**  |
| Name :Address : | Date of Birth : |
| Occupation : |
| Full/Provisional licence?Y/N | Licence No. | Any convictions or prosecutions pending ?  |
| **DAMAGE TO UoE VEHICLE – Please provide full details of damage** |
| Description  |
| Is vehicle in use? YES/NO | Where can it be inspected : |  |

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| **DETAILS OF ACCIDENT – Please provide full details** |
| Date  | Time  | Location |
| Speed of vehicle | Before accident |  | At time of impact |  |
| Lights displayed on | Your vehicle |  | Other vehicle |  |
| Warning given by  | Your vehicle |  | Other vehicle |  |
| Condition of road |  | Weather Conditions |  |
| Did police officer take details? | YES/NO | If yes, please provide number and station |  |
| Please give full details of accident |  |
| **THIRD PARTY DAMAGE TO VEHICLE/PROPERTY – Please provide full details** |
| Name, Address and Contact no of Driver/Owner |  |
| Vehicle and Registration No. |  |
| Insurer name, address and Policy Number |  |
| Full Description of Damage to vehicle/property |  |
| **PERSONS INJURED**  |
| Name and address (state whether driver, passenger or pedestrian) |  |
| Details of Injury |  |
| **WITNESSES (GIVE FULL NAMES AND ADDRESSES)** |
| Independent Witnesses |  |
| Passengers in the Insured vehicle |  |
| Managers Comments – Accident must be notified to ManagerDate : Manager’s name : |
| **DECLARATION – MUST BE SIGNED BY DRIVER** |
| I declared that to the best of my knowledge/belief, all information on this claim form is correct |
| Name (signature)Print Name | Date : |
| Position / Contact No |  |

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| **MANAGER’S COMMENTS – This section must be completed before the form is returned to the Insurance Office** |
| Comments |
| Name (signature)Print Name | Date : |
| Position / Contact No |  |

