**PART A Claim Notification Number..................................**

 **(To be provided by FNOL Team)**

**MOTOR INCIDENT FORM**

1. **You should complete this form for all Motor incidents including Fire, Theft or Criminal Damage.**
2. **Please complete and return immediately or at the latest within 24 hours of the incident. It is important to clearly write the details in the spaces provided (or circle the correct answer) and complete all sections. Retain a copy and forward at the earliest opportunity to** **uk.north.newclaims@gbtpa.com****. If you** **have any questions, please contact the Motor Claims Team on 01786 455800.**

**Section A –Driver Details**

**Driving Licence No:**

**Driver’s Name:**

**Home Address:**

**Postcode:**

**Home Phone: Mobile Phone:**

**Date of Birth (DD/MM/YY): / /**

**Colleague /Employee No:**

**Use of Vehicle: Business / Pleasure / Commuting / Other**

**If Other please specify exact use:**

**Agency Driver: Yes / No If Yes Agency Name:**

**Section B –Vehicle Details**

**Trailer No:**

**Vehicle Reg:**

**Vehicle Type: Own Car/Company Car/ HGV /Home Shopping/ Other \* If own Car, driver’s line manager must sign below.**

**Location of Vehicle (or state still in use):**

**Model:**

**Make:**

**HSV/HGV - No. of remaining deliveries on board:**

**HSV /HGV - No. of deliveries incomplete due to incident:**

**Details of damage to this vehicle:**

**Section C – Third Party (TP) Driver Details/Damage (Use separate sheet for more than one)**

**Home Phone: Mobile Phone:**

**Driver’s Name:**

**Vehicle Reg: Vehicle Colour:**

**Home Address:**

**Postcode:**

**Make: Model:**

**Policy No:**

**Details of damage to this vehicle/property:**

**Name of Third Party Insurer:**

**Gender of passengers (Male / Female):**

**Any existing damage not caused by this incident? Yes / No**

**Approximate age(s) of passengers:**

**Total No of passengers (in addition to TP driver):**

**Section D – Incident Details (for Fire, Theft or Criminal Damage please also complete Section F)**

**Incident Location:**

**Time: am/pm**

**Incident Date: / /**

**Road Type: (A Road etc)**

**Visibility:**

**Weather Conditions:**

**TP Light’s showing: Y/N**

**Your Light’s showing: Y/N**

**TP Vehicle Speed: mph**

**Your Speed: mph**

**Please give a full description of the incident (including details of warning and signals given by all parties, when did you first see the other vehicle and describe when.)**

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**Any suspicious behaviour by the third party (Slam on accident, Overly aggressive etc)? Yes / No .......................................................**

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**Please draw a sketch plan to show the position on the road of the vehicles at the time of the impact and indicate the direction immediately before the incident. If possible please indicate road signs and markings, including pedestrian crossings and the direction of the nearest towns. Please identify which vehicle was yours, and the others involved.**

**If the vehicles have been damaged, please indicate where:**

Front

Your Vehicle

Front

Third Party Vehicle

**Section E – Particulars of Any Witnesses, Including colleagues. (Use separate sheet for more than one)**

**Name:**

**Name:**

**Address:**

**Postcode:**

**Address:**

**Postcode:**

**Tel No:**

**Tel No:**

**Location at time of incident:**

**Do you know the witness? Y / N**

**Location at time of incident:**

**Do you know the witness? Y / N**

**Section F – Emergency Services / Highway Agency Theft**

**Constabulary:**

**Crime Ref:**

**Police/ Highway in attendance? Y / N**

**Officer Number:**

**Were the keys removed, doors locked? Y / N**

**Ambulance in attendance? Y / N (If yes complete section G)**

**Were any personal effects stolen? Y / N (If yes give details)**

**If yes, were they visible? Y / N**

**Has the vehicle been recovered? Y / N**

**What security measures were in place on the vehicle?:**

**Section G – Details of Injured Persons (Use separate sheet for more than one)**

**Name:**

**Driver: Y / N**

**Name:**

**Injuries:**

**Injuries:**

**Taken to Hospital: Y / N**

**Taken to Hospital: Y / N**

**Age:**

**Age:**

**Passenger: Y / N**

**Vehicle Reg:**

**Passenger: Y / N**

**Driver: Y / N**

**Vehicle Reg:**

**Declaration – Important, this incident report form must be signed before it is returned to Gallagher Bassett.**

**I declare that these particulars are true and complete. I / We understand that the information given on this form may be submitted to solicitors to use in connection with any litigation arising out of this accident.**

**Driver Signature:**

**Date:**

**\* Own Car – Must be completed by the Line Manager if the Driver was using their own car.**

**I confirm that the vehicle was being used for legitimate business use at the time of the incident.**

**Date:**

**Manager Signature: Manager Name:**