



# GAUNTLET MOTOR ACCIDENT REPORT FORM

Gauntlet Risk Management Ltd Crown House Armley Road LEEDS LS12 2EJ  
Tel. 0113 244 8686 - Fax. 0113 2438668 - E-mail. [claims@gauntletgroup.com](mailto:claims@gauntletgroup.com)



**Please complete this form fully on both sides and continue on a separate sheet of paper if necessary. It is a condition of your policy to report all incidents as soon as possible even if you do not intend to make a claim. Any correspondence received in connection with the incident must be submitted immediately**

<b>Policyholder</b>			<b>Policy Number</b>		
Address					
Postcode			Telephone No.		
Occupation / Business			E-mail address		
Are you registered with HM Customs & Excise as taxable for vat?	Yes/No		If partially exempt what % can you reclaim?	%	

### Driver or person last in charge if unattended

Name			Occupation			Date of Birth		
Address								
State class of licence held (Car, PCV, HGV etc)				Date of passing driving test for vehicle involved in accident				
Licence number			Groups			Expiry Date		
Give details of all motoring convictions or prosecutions pending (i.e. charge : date : penalty). If none state "None"								

Give details of all accidents or losses in the last three years. If none state "None"								
---	--	--	--	--	--	--	--	--

Give details of any physical defect, infirmity, defective vision or hearing								
---	--	--	--	--	--	--	--	--

### Vehicle

Make / Model			Year of make			Reg. no.		
Type of body and no. of seats			Gross Vehicle Weight (GVW)					
For what purpose was the vehicle being used?								
If goods were being carried for business purposes please state below the nature of the load and the name and address of the owners of the load								
How many passengers were being carried?								

### Damage to the Insured vehicle

Full details of damage								
Is the vehicle still in use (i.e. mobile and road-worthy)?	Yes / No		Estimated cost of repairs	£				
When and where can the vehicle be examined? (please provide a phone number if possible)								

**Please note that if the damage to your vehicle is covered under the policy and the vehicle is considered beyond economical repair it may be moved to free and safe storage to avoid unnecessary storage charges.**

### Description of accident

Date of incident			Time of incident	AM / PM				
Place of incident								
Speed of vehicles	Yours		mph		Others		mph	
Width of road	Conditions		Weather / visibility		Street lights on?		Yes / No	
What lights was your vehicle displaying?			What lights was the other vehicle displaying?					
Did the police take details of the incident?			Yes / No		If "Yes" please give details below			
Officers name & number					Station			
Did you make a written statement?			Yes / No		Was anybody cautioned?		Yes / No	
If "Yes" please give details								

Please confirm exactly how the incident happened and confirm details of all property damage. If necessary please also provide a sketch of the incident to include the width of the roads, type and position of all road signs & markings, direction of travel of all parties and the points of impact(s)

Written Description:

Sketch:

<i>If necessary, please continue on a separate piece of paper</i>	<i>If necessary, please continue on a separate piece of paper</i>
---	---

Who do you blame for the incident and why?

--	--

**Witnesses**

Please confirm the names, addresses and telephone numbers of all passengers in your vehicle

--

Please confirm the names, addresses and telephone numbers of all independent witnesses to the incident

--

**Other parties involved. Please confirm the names, addresses and tel. no's of all other parties involved (continue on a separate sheet if necessary)**

Name & address of owner / driver		Telephone number	
Vehicle make / model / registration no.		Vehicle colour	
Damage / point of impact		Number of occupants	
Name, address, policy no. of Insurers			

Name & address of injured persons	
-----------------------------------	--

Were any injured parties vehicle drivers, passengers or pedestrians?					
Were seat belts fitted to all vehicles?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Yes / No</td> <td style="width:50%;">If "Yes" were they in use at the time of the incident?</td> </tr> <tr> <td></td> <td style="text-align: right;">Yes / No</td> </tr> </table>	Yes / No	If "Yes" were they in use at the time of the incident?		Yes / No
Yes / No	If "Yes" were they in use at the time of the incident?				
	Yes / No				

Please confirm details of all apparent injuries			
Taken to hospital?	Yes / No	Name of hospital attended?	Detained?
			Yes / No

Property Damage: Name & address of owner & extent of damage	
---	--

**Notice & Declaration (please read carefully)**

**Notice:** Insurers pass information to the Claims and Underwriting Exchange Register (CUE), run by Insurance Database Services Ltd (IDSL) and the Motor Insurance Anti-Fraud and Theft Register (MIAFTR), run by the Association of British Insurers (ABI). They also exchange information with other Insurers and other organisations through various other databases. The aim is to help them 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. Your insurers will pass information relating to this incident to the registers.

In addition your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by the police for the purpose of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK Insurers, the Motor Insurers' Bureau (MIB) and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from us, or at [www.miic.org.uk](http://www.miic.org.uk).

Your information may also be disclosed to agents and service providers appointed by your insurers (such as claims handling agents, approved engineers, and investigative agents) and may be transferred to any country including countries outside the European Economic Area for the purposes of administration. Your information may also be shared with others with organisations associated with your insurers.

**Declaration:** I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will render every assistance required by my/our insurers.

Policyholder's or Company Official's Signature		Date	
--	--	------	--