



ACCIDENT REPORT FORM

POLICYHOLDER		FOR OFFICE USE ONLY	
Policyholder (TRUST):		Insurer:	
Date reported to GMP:		Policy Number:	
Reported By:		Claim Reference:	
Main User:		GMP Reference:	
		Incident Date:	
		Vehicle:	

DRIVERS DETAILS	
Name of Driver:	Title:
Address Line 1:	Date of Birth:
Address Line 2:	Age:
Address Line 3:	Occupation:
Address Line 4:	Driving Licence Number:
Post Code:	Date Passed Driving Test (Year) :
Telephone Number:	Full details of all previous or pending motoring convictions:
Mobile Number:	Full details of any physical/mental infirmity declared to the DVLA:
Email Address:	Have you ever been refused motor insurance?:
	Full details of any motor insurance claims in the last 3 years:

POLICYHOLDER'S VEHICLE	
Make:	Please provide a description of the damage sustained:
Model:	
Engine Size:	
Registration Number:	Vehicle Mileage:
Vehicle Status:	Number of passengers:
Where is the vehicle now?:	Nominated Repairer:

WERE THERE ANY OTHER PARTIES INVOLVED?		DO YOU HAVE ANY THIRD PARTY DETAILS?	
TP Driver Name:		Third Party Insurer:	
TP Policyholder/Company:		Policy Number:	
Address Line 1:		Claim Number:	
Address Line 2:		Number of passengers:	
Address Line 3:		Damage Sustained:	
Address Line 4:		Nominated Repairer:	
Post Code:		Make:	
Telephone Number:		Model:	
Mobile Number:		Registration Number:	
Email Address:			

PERSONAL INJURY	
Please confirm the names of all injured parties and the nature and extent of all injuries sustained in this incident:	
Did any of the emergency services attend:	
Police Details:	
Crime Reference Number:	

INCIDENT DETAILS	
Date of Incident:	For what purposes was the vehicle being used at the time of the incident:
Time of Incident:	
Location of Incident:	Was the vehicle being used for business or personal purposes at the time of the incident:
Speed of vehicle prior to Impact:	
Weather Conditions:	If the incident occurred in business time, please provide full details of who is the budget manager of the department that you work for:
Road Conditions:	

CIRCUMSTANCES OF INCIDENT	
Please describe what actually happened (please continue overleaf if required) :	

WHO DO YOU BLAME FOR THIS INCIDENT?	
Please confirm:	

WITNESSES	
Please confirm the names, addresses and telephone numbers of all witnesses to the incident (indicate if any of them are known to your driver) and contact details if CCTV footage is available:	

ADDITIONAL COMMENTS	
Please provide any further comments on the incident	