

HSBC Insurance

Claims Department, PO Box 9845, Brentwood, CM14 9DZ.

Telephone: 08456 056 056 Facsimile: 01277 842 411

E-Mail: tudor.claims@hsbc-insurance.co.uk

PARTICULARS OF MOTOR ACCIDENT

The Company does not admit liability by the issue of this form

Authorised and regulated by the Financial Services Authority

INSURED		POLICY NO.		VAT REGISTERED?	
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PARTICULARS OF INSURED VEHICLE

Registration No.		Make & Model		C..C.	
Mileage		Value	£	HP/Lease Details	
Owner of the Vehicle					

USE OF VEHICLE (The words Private, Business or Pleasure are not sufficient)

Use of vehicle at time of accident				
Was your seat belt being used by yourself?		By your passengers?		

DRIVER OF INSURED VEHICLE (These questions must be answered giving details of the driver or last user)

Name		Date of Birth		Occupation	
Address					
Details of any physical defect of infirmity, impaired sight or hearing					
Details of any driving offence convictions, including any pending					
Have you ever been refused insurance?		How long full licence held?		YEARS	
Details of any previous motor accidents					

OTHER PARTIES

Names and addresses of other parties involved and registration numbers of their vehicles				
What property was damaged? Generally, describe the damage and identify vehicle by make/registration no.				
What injuries were suffered and by whom?				
Third party's insurance details	Insurer name & address			
	Policy No.			

WITNESSES

Independent				
Travelling in insured's vehicle. (Give full no.)				
Did the Police witness the accident? If so, give details				
Did the Police attend & take any evidence of particulars? If so give details (including Police reference and address of station).				
Did the police advise they will be reporting you for any offence arising out of the accident?		If yes, give details		

DAMAGE TO THE INSURED'S VEHICLE

Give full particulars of damage (if any) to your vehicle			
Estimated cost of repairs. (Please forward estimate)		Name & Address of Repairers	
Is vehicle in use?			
If vehicle total loss, can we move it to avoid storage charges? If yes, please remove personal effects		Indicate damaged area on sketch	
Will you be claiming under the terms of your policy for any damage caused to your vehicle, if covered?			

CIRCUMSTANCES OF ACCIDENT

Date of Accident		Exact Location of Accident			
Time (am/pm)		Town		County	
State speed Limit		State width of road		Weather conditions	
Was your vehicle on the near-side of the road		If yes, how far from kerb?		If no, on what part of the road was it?	
Did your driver give a warning and how?		Did the driver of the vehicle (if any) give warning and how?			

If the accident occurred after lighting up time, was:

Your vehicle lighted and how?		The other vehicle lighted and how?	
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What was the speed of your vehicle?

Immediately before the impact?		At the moment of impact?	
Were you breathalysed?		State result	If positive, state level of alcohol

GIVE A FULL DESCRIPTION OF EXACTLY HOW THE ACCIDENT OCCURRED

<p>Do you consider you were responsible for the accident?</p>	
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Please make rough sketches (stating approximately measurements) showing position of vehicles and persons concerned and direction in which they were travelling and registration numbers of all vehicles involved. (IT IS IMPORTANT TO SHOW POSITIONS AND DETAILS OF ALL ROAD SIGNS)

<p>BEFORE IMPACT</p>	<p>AFTER IMPACT</p>

I UNDERSTAND THIS FORM MAY BE SUBMITTED TO MY EMPLOYERS

I/We declare the foregoing particulars to be true in every respect and that I/We hold no other policy in addition to this contract of insurance indemnifying me/us in respect of this claim.
 If the vehicle is deemed to be a constructive total loss or beyond economic repair, I/We consent to the company arranging removal to a place of free storage and disposing of the salvage in the mitigation of any payment to be made under the contract of insurance.
 I/We will fully co-operate with the Company, it's nominated solicitors or agents by supplying any information they require and by attending any meetings or court hearings at their request and I/We authorise any solicitor nominated by the Company to sign any court document on my behalf.
 I/We request the Company to deal on my/our behalf with the third party claims arising from this incident in accordance with the terms and conditions of the contract of insurance. I/We authorise the Company and it's nominated solicitors or agents to deal with any claim arising out of this incident as is considered appropriate and to make such admissions of liability and of negligence as is thought fit and give such consent as the Company considers necessary for the disposal of such claims and any litigation arising therefrom.
 I/We understand that you may ask for information from other insurers to check the answers I/We have provided. Insurers pass information 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 the registers.

Signature of INSURED..... & Driver (if not the insured)..... Date.....