

CORNERSTONE INSURANCE PLC

RC: 163170

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Cornerstone

MOTOR VEHICLE ACCIDENT CLAIM FORM

N.B.

The Policy No. to be entered on this form MUST BE that which appears on your LATEST Motor Insurance Certificate

Policy (or Certificate) No _____	Branch or Agent to whom you paid your last premium _____
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A INSURED

Name _____

Address (Private) _____ Telephone No _____

Address (Business) _____ Telephone No _____

Trade or Occupation (If more than one state all) _____

B DRIVER

Name _____ Occupation _____

Address _____ Date of Birth _____

Driving License No _____ Date of Expiry _____ Group _____

Where issued _____ How long has driver held a licence to drive the vehicle? _____

Is it a learners permit? _____ Date when driver passed the test _____

Details of all police convictions in connection with any motor vehicle _____

If driver was not the insured:-

Was he using the vehicle with insured's knowledge and consent? _____

Was he in the Insured's employment? _____ If so, state how long employed _____

Is he insured in his own name in respect of any motor vehicle? _____

If so give name and address of insurers _____

C VEHICLE

Reg. No.	C. C.	Make	Year of Make	Where Goods Carried?	No of Trailers

Is vehicle (a) owner by insured? _____ (b) registered in your name? _____

(c) cover prided _____

If Vehicle is not owned by insured,
State name and address of

{ (a) Owner _____

(b) Insured _____

For what purpose was the vehicle being used? _____

If commercial vehicle state (a) class of Licence _____ (b) carrying capacity _____ (c) weight of load _____

State damage to your vehicle _____

Name and address of repairers where vehicle can be examined _____

_____ Telephone No _____

Is vehicle at repairers now? _____ If not, when will it be taken there? _____

Name of Hire Purchase Co., if any _____ Approximate amount outstanding _____

State date of first registration as new _____

NOTE: AN ESTIMATE FOR REPAIRS MUST BE SENT AS SOON AS POSSIBLE IF THE DAMAGE IS COVERED BY THE POLICY

D. ACCIDENT

Date _____ Time _____ a.m/p.m Place _____ Town _____

Own Speed _____ Width of road _____ Road and weather conditions _____

Was accident reported to the Police? _____ Details of Officer or Station _____

E OTHER PARTIES INVOLVED (Gives details of all persons including passengers in your vehicle who were involved in the accident or who sustained injury or damage to property)

Name and address	Make of vehicle, Reg. No and insurer (if known)	Details of injury and damage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F WITNESSES

Name and addresses of all passenger in your vehicle	Name and addresses of any other witnesses
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

G. FULL DESCRIPTION OF ACCIDENT (Including details of warnings and signals giving by all parties)

SKETCH PLAN, Please show the position on the road of vehicles at point of impact and indicate direction and track immediately before accident. If possible, please indicate road signs and markings, including pedestrian crossings, relative importance of roads, and direction of nearest towns.

Note, Any correspondence or Notices of Prosecution or other proceedings must be forwarded immediately.

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

I/We authorise the Company to instruct my/our repairers on my/our behalf to undertake such repairs to my/our vehicles as may be agreed.

Date _____

Signature of insured _____
(If a Limited Company, give status of Signatory)