

Accident Report Form

To advise us of a new claim please complete this form with as much detail as possible and email to [agriculturefnol@ers.com](mailto:agriculturefnol@ers.com) or post to Equity Claims Ltd, PO Box 3753, Royal Wootton Bassett, Swindon SN4 4DA. For **existing** claims please emails [claims@ers.com](mailto:claims@ers.com) together with the reference number

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| Policy Details to be completed in all cases | | | |
| Policy number | |  | |
| Policyholders name | |  | |
| Policyholders date of birth | |  | |
| Address | | | |
| Contact details | Daytime | |  |
| Mobile | |  |
| Email address | |  |
| Preferred method of contact | |  |
| Is the PH VAT registered? | | | If so what percentage can be recovered? |

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| --- | --- |
| 1. Incident Details | |
| Incident Description (if you require more space please use Section 11 – Any further information) | |
| Date and time of the incident |  |
| Location |  |
| Use of the vehicle at the time of the incident |  |
| Who in your opinion was to blame? |  |
| Give name if other than yourself or the driver? |  |

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| 2. Incident Specifics | |
| Policyholders speed |  |
| Third party’s speed |  |
| Weather conditions at the time of the incident | |
| Road conditions at the time of the incident | |
| Type of road |  |
| Was the driver familiar with the road layout? | Y/N |
| Is there any supporting photographic evidence? | Y/N |
| Will this be submitted? If not please state reason why? | |
| Is there any supporting video evidence? | Y/N |

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| 3. Policyholders Driver | | | | | |
| Drivers full name | |  | | | |
| Drivers date of birth | |  | | | |
| Drivers address | | | | | |
| Contact details | Daytime | |  | | |
| Mobile | |  | | |
| Email address | |  | | |
| Preferred method of contact | |  | | |
| Full time occupation | | |  | | |
| Part time occupation | | |  | | |
| What type of licence does the driver hold? | | |  | | |
| How long have they had this licence? | | |  | | |
| Date driving test passed | | |  | | |
| Are there any driving restrictions imposed? | | | Y/N | | |
| If yes, please give details | | | | | |
| Does the driver have any medical conditions? | | | Y/N | | |
| If yes, please give details | | | | | |
| Have the driver had any other incidents in the last 5 years? | | | Y/N | | |
| Date | | |  |  |  |
| Circumstances (if you require more space please use Section 11 – Any further information) | | |  |  |  |
| Claim amount | | |  |  |  |
| Are there any motoring offences in the last 5 years? | | | Y/N | | |
| Conviction code | | |  |  |  |
| Date | | |  |  |  |
| Number of points | | |  |  |  |
| Fine amount | | |  |  |  |
| Is the driver going to be prosecuted for any offence relating to drink or drugs? | | | Y/N | | |

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| 4. Policyholder Vehicle Details | | | |
| Vehicle registration |  | Vehicle type |  |
| Vehicle make |  | Vehicle model |  |
| Colour |  | Fuel type |  |
| Engine size |  | Value |  |
| Year of manufacture |  | Current mileage |  |
| Where do you normally keep the vehicle? | |  | |
| Are you claiming for damage? | | Y/N | |
| Has the vehicle been modified? | | Y/N | |
| If yes, please state the modifications | | | |

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| 5. Policyholder Vehicle Damage | |
| Describe the damage | |
| Is the vehicle driveable? | Y/N |
| How many air bags have been deployed? |  |
| How have you classified the damage? | |
| Was there a child seat in the vehicle? | Y/N |
| Did you have any personal effects in the vehicle? | Y/N |
| If yes, are they damaged and how? | |
| Are the personal effects covered by any other insurance i.e. house contents? | Y/N |
| Where is the current Vehicle Location? |  |
| Are they willing to use an approved repairer? | Y/N |

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| 6. Policyholders Passengers | | | |
| Name | Passenger 1 | Passenger 2 | Passenger 3 |
|  |  |  |
| Gender | M/F | M/F | M/F |
| Date of birth |  |  |  |
| Age |  |  |  |
| Are they a minor? | Y/N | Y/N | Y/N |
| Address |  |  |  |
| Telephone numbers |  |  |  |
| Daytime |  |  |  |
| Mobile |  |  |  |
| Email address |  |  |  |
| Were they wearing a seatbelt? | Y/N | Y/N | Y/N |
| Are they injured? | Y/N | Y/N | Y/N |
| Injury details |  |  |  |
| Did they receive treatment? | Y/N | Y/N | Y/N |
| If yes, which hospital? |  |  |  |
| If yes, how did they get there? |  |  |  |

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| 7. Third Parties | | | | |
| Type of third party i.e. vehicle / animal | | |  | |
| Full name | | |  | |
| Gender | | |  | |
| Contact name | | |  | |
| Company name | | |  | |
| Address | | | | |
| Telephone numbers - | | Daytime |  | |
|  | | Mobile |  | |
|  | | Email address |  | |
| Any additional information | | | | |
| Vehicle registration |  | | Vehicle type |  |
| Vehicle make |  | | Vehicle model |  |
| Colour | | |  | |
| Vehicle damage | | | | |
| Insurer | | |  | |
| Policy number | | |  | |
| Claim reference number | | |  | |
| Telephone number | | |  | |

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| 8. Third Party Passengers | | | |
| Name(s) | Passenger 1 | Passenger 2 | Passenger 3 |
|  |  |  |
| Gender | M/F | M/F | M/F |
| Date of birth |  |  |  |
| Age |  |  |  |
| Are they a minor? | Y/N | Y/N | Y/N |
| Address |  |  |  |
| Telephone numbers |  |  |  |
| Daytime |  |  |  |
| Mobile |  |  |  |
| Email address |  |  |  |
| Were they wearing a seatbelt? | Y/N | Y/N | Y/N |
| Are they injured? | Y/N | Y/N | Y/N |
| Injury details |  |  |  |
| Did they receive treatment? | Y/N | Y/N | Y/N |
| If yes, which hospital? |  |  |  |
| If yes, how did they get there? |  |  |  |

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| 9. Witnesses | | | |
| Name (s) | Witness 1 | Witness 2 | Witness 3 |
|  |  |  |
| Gender | M/F | M/F | M/F |
| Date of birth |  |  |  |
| Are they over 18? | Y/N | Y/N | Y/N |
| Address |  |  |  |
| Telephone numbers |  |  |  |
| Daytime |  |  |  |
| Mobile |  |  |  |
| Email address |  |  |  |
| Did you know them prior to the incident? | Y/N | Y/N | Y/N |
| Where was the witness positioned? | Y/N | Y/N | Y/N |
| Does the witness support you? | Y/N | Y/N | Y/N |

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| 10. Emergency Services | |
| Was the fire brigade involved? | Y/N |
| Date and time reported to the fire brigade |  |
| Fire station reported to |  |
| Fire station address | |
| Email address | |
| Telephone number |  |
| Incident ref number |  |
| Did the police attend the incident? | Y/N |
| Was the incident reported to the police? | Y/N |
| Date and time reported to the police | |
| Incident ref number | Crime ref number |
| Name and number of the officer dealing |  |
| Police station dealing |  |
| Police station address | |
| Email address |  |
| Telephone number |  |
| Are the police considering any further action/proceedings against anyone involved? | Y/N |
| If yes, please give details | |
| Has anyone been apprehended? | Y/N |
| If yes, please give details | |

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| 11. Any further information |
| If you have any further information that may assist your claims, please submit here |

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| Declaration – to be completed in all cases |
| Name of the person completing this form  Signature  Date |

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| I/We understand that you may ask for information from insurers to check the answers I/We have provided.  I/We declare that the information given in this form is true and correct to the best of my/our knowledge and belief.  I/We confirm that I/We have permission from the other individuals whose details I/We have provided in relation to this incident.  I/We agree that if another person has given any information on this form, they acted as My/Our agent for this purpose.  For further information on how your data is used by us, please see our Privacy Policy on [www.ers.com](http://www.ers.com).  Administered by ERS Claims Limited for ERS Syndicate Management Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. ERS Claims Registered Office: 21 Lombard Street, London, EC3V9AH. Registered in England and Wales No. 2996846. Companies of ERS Insurance Group ERS Limited. |