



Go Girl

(a trading name of Sabre Insurance Company Limited)

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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority
Member of the Financial Ombudsman Service, Member of the Association of British Insurers

MOTOR ACCIDENT REPORT FORM

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 insurers to check the information provided and also to prevent fraudulent claims. Under the conditions of your policy, the insurer must be told about any incident (such as an accident or theft) that may or may not give rise to a claim. Information relating to such incidents will be passed to the registers. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Please answer all questions as fully as possible. Failure to answer questions may cause delay. Where additional information is required, please use a supplementary page(s)

YOUR POLICY OR CERTIFICATE NO. _____ TYPE OF COVER – COMP / TPF&T / TP ONLY _____

1. POLICYHOLDER

Full Name _____ Date of Birth _____

Home Address _____

Post Code | | | | | | | | | | How long resident in U.K.? _____ Telephone No. _____ Mobile No. _____

Business Address _____

_____ Post Code | | | | | | | | | | Telephone No. _____

Occupation _____ Part Time Occupation _____

Employer's Names and Addresses _____

Telephone No. _____ email address _____

Are you registered for V.A.T.? _____ YES NO

If yes, are you able to recover V.A.T.? _____ YES NO

DRIVING LICENCE DETAILS *Please attach a copy of the policyholders driving licence photo card and counterpart.*

Length of driving experience:- In this country _____ Elsewhere _____

If driving licence is provisional, give name and address of the last accompanying qualified driver _____

Is the policyholder the main user of the vehicle? _____ YES NO

If not who is? _____

Does the policyholder own any other vehicle? _____ YES NO

If yes, give name and address of insurer _____ Policy Number _____

Has the policyholder been involved in any previous accidents or thefts? _____ YES NO

If yes, please give details including dates even if previously reported _____

Has the policyholder been convicted of ANY offence including fixed penalties or have any prosecutions pending? _____ YES NO

If yes, give details _____

Has the policyholder ever been disqualified from driving? _____ YES NO

If yes, give details Date disqualified _____ Period of disqualification _____ Court _____

Has the policyholder been convicted of, or been cautioned for, any criminal offence of any kind in the last five years or have

any prosecution pending e.g. fraud, thefts, acts of violence etc? _____ YES NO

If yes, give details _____

Does the policyholder suffer from any medical conditions that effect driving? _____ YES NO

If yes, give details and advise if DVLA aware and period of any licence restriction _____

Has the policyholder ever been refused motor insurance or had special terms imposed? _____ YES NO

If yes, give details _____

IF THE POLICYHOLDER WAS THE LAST PERSON IN CHARGE THERE IS NO NEED TO COMPLETE THE NEXT SECTION. CONTINUE FROM SECTION 3 ONWARDS

2. DRIVER OR LAST PERSON IN CHARGE OF VEHICLE

Full Name _____ Date of Birth _____

Home Address _____

Post Code | | | | | | | | | | How long resident in U.K.? _____ Telephone No. _____ Mobile No. _____

Business Address _____

_____ Post Code | | | | | | | | | | Telephone No. _____

Occupation _____ Part Time Occupation _____

Employers' Names and Addresses _____

Telephone No. _____ email address _____

DRIVING LICENCE DETAILS *Please attach a copy of the driver's driving licence photo card and counterpart.*

Length of driving experience:- In this country _____ Elsewhere _____

If driving licence is provisional, give name and address of the last accompanying qualified driver _____

Has the policyholder been involved in any previous accidents or thefts? _____ YES NO

If yes, give details including dates even if previously reported _____

Has the driver/person in charge been convicted of ANY offence including fixed penalties or have any prosecutions pending? _____ YES NO

If yes, give details _____

2. DRIVER OR LAST PERSON IN CHARGE OF VEHICLE (continued)

Has the driver/person in charge ever been disqualified from driving? YES NO

If yes, give details Date disqualified _____ Period of disqualification _____ Court _____

Does the driver/person in charge suffer from any medical conditions that effect driving? YES NO

If yes, give details and advise if DVLA aware and period of any licence restriction _____

Has the driver/person in charge of the vehicle ever been refused motor insurance or had special terms imposed? YES NO

If yes, give details _____

Was the driver/person in charge the main user of the vehicle? YES NO

Has the driver/person in charge been convicted of or been cautioned for any criminal offence of any kind in the last five years or have any prosecution pending e.g. fraud, theft, acts of violence etc. ? YES NO

If yes, give details _____

Does the driver/person in charge of the vehicle own a motor vehicle? YES NO

If yes, state name and address of insurer _____ Policy No _____

State whether the driver/person in charge of the vehicle is a relative, friend, colleague, employee or acquaintance. _____

3. VEHICLE

Registration number	Make	Precise Model	Name and Address of persons or garage from whom purchased
Current Mileage	Current value	Price Paid	Date Purchased

Please provide details of damage sustained _____

Is the vehicle still in use? YES NO

Please advise where the vehicle can be inspected and provide telephone no _____

Has the vehicle been modified in any way? YES NO

If yes, give details _____

Is the vehicle owned and registered in the name of the policyholder? YES NO

If not, who is the legal owner? _____

Give the owner's address _____

Name and address of the owner's Insurer _____

Owner's Insurance Policy Number _____

Is there any hire purchase or leasing agreement? YES NO

If yes, give name and address of H.P. or Leasing Company _____

H.P or Leasing Company Agreement Number _____

Has the vehicle ever been written off? YES NO

If yes, give details _____

Has the vehicle been involved in an accident previously? YES NO

If yes, give details _____

Was the vehicle purchased in a damaged condition? YES NO

If yes, who repaired it? _____

4. USE OF VEHICLE

Was the vehicle being used with the policyholder's knowledge and consent? YES NO

State details of the journey from _____ to _____

Give full details of the purpose of the journey (It is not sufficient to write private, pleasure, business etc. A full explanation is required) _____

Was the vehicle being used for Private Hire? YES NO

Was the vehicle being used for Public Hire ? YES NO

PRIVATE AND PUBLIC HIRE If you are insured for Private Hire Use, and you operate outside the London Metropolitan Police area, we will require certified copies of the Policyholder's and driver's Private Hire Operators licences. If you are insured for Public Hire Use, we will require certified copies of the vehicle Plating Certificate and the Policyholder's and driver's Hackney Carriage Operators licence.

It is important that any communication you receive from third parties, their representatives, any notice of intended prosecution, summons or writ must be sent unanswered WITHOUT DELAY to the company

8. WITNESSES		
Names, Addresses and Telephone no.'s of Witnesses		
Names, Addresses, age and Telephone no.'s of your Passengers		

9. OTHER VEHICLES INVOLVED		
	1	2
Name of driver		
Address/Tel. No		
Occupation		
Make and model of vehicle		
Registration No.		
Damage		
How was car removed from the accident scene?		
Name and address of Insurers Advise Policy No. if known		

10. INJURED PERSONS		
	1	2
Name		
Address/Tel. No		
Occupation and age		
Injuries		
In which vehicle		
Was the above conveyed to hospital or given any Roadside treatment		
Was he/she wearing a seat belt		

11. OTHER PROPERTY DAMAGED		
	1	2
Type of property		
Name of owner		
Address of owner		
Occupation		
Extent of damage		
Any claims received		

DECLARATION (PLEASE READ BEFORE SIGNING)

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We hold no other policy in addition to this indemnifying me/us in respect of this claim. I/We have not withheld from the company any information connected with the accident. I/We agree to provide the company with any further information or documentation (e.g. driving licence) as may be required. I/We agree that the company shall have discretion in the conduct of any proceedings and I/We authorise the company to make such admissions and settlements as they consider necessary to dispose of the claim. I/We agree that the company have my/our permission to remove the vehicle to safe and free storage pending settlement of my/our claim. I/We understand the company does not admit liability by the issue of this form. I/We understand that IDS Ltd or ABI may be asked for information they have received from other insurers to check the answers I/We have provided.

SIGNATURE OF DRIVER OR LAST PERSON
IN CHARGE OF THE VEHICLE

SIGNATURE OF POLICYHOLDER

DATE _____

DATE _____