

MOTOR INCIDENT REPORT FORM

Claimant Details

Title	
Initials	
Surname	
Property No\Name	
Street	
Town\Village	
County	
Postcode	
Contact Telephone Number	
Email Address:	

Vehicle Details

Registration No:	
Make and Model	
State the number of people in your vehicle (including yourself)	

Insurers Details

Insurers Name	
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Insurers Address

Property No\Name	
Street	
Town	
County	
Postcode	

Policy Cover	
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Particulars of Accident

Date	
Time (Approx)	
State Precisely How the Accident Occurred	

The Location

Property No\Name	
Street	
Town\Village	
County	
Postcode	

Damage to Vehicle

Damage Details	
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Details of Injuries

Please state whether	Driver		Passenger		Pedestrian		Other	
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Description of Injury	
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State whether medical attention needed	Yes		No	
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Name and Address of Hospital Attended	
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Please continue on a separate sheet if there are any other persons with injuries.

Council Vehicle Details (if known)

Vehicle Registration	
Vehicle Type	
Colour	
Name of Driver	

Any further observations	
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Witnesses

Name	
Address:	
Property No\Name	
Street	
Town\Village	
County	
Postcode	
Relationship to Claimant	

Please continue on a separate sheet if there are additional witnesses.

Form completed by:

Name	
Signature	
Date	

We will only use personal information you send to us for the purposes for which you provide it. We will only hold your information for as long as necessary for these purposes and will not pass it to any other parties unless this is made clear to you. All employees who have access to your personal data or are associated with the handling of that data are obliged to respect the confidentiality of your personal data.

Please return the completed form to:

**Insurance Officer
Performance & Audit
Risk Management Directorate
Charnwood Borough Council
Southfields
Loughborough, Leics. LE11 2TX**