



Accident Report Form

Please answer ALL questions fully providing additional information where requested, using a separate sheet if necessary. Please tick appropriate boxes.

SECTION 1: Policyholder's details (Please complete in BLACK INK)

Policy number:	Claim number:
Name and address:	Home telephone number:
	Work telephone number:
Postcode:	Mobile telephone number:
Date of birth:	Fax number:
E-mail address:	Are you VAT registered? yes <input type="checkbox"/> no <input type="checkbox"/>

In what country was your driving licence issued? _____ Is your licence? **full** ☐ **provisional** ☐

Do you have: a full time occupation? (If yes please give details) _____
a part time occupation? (If yes please give details) _____
any **paid** hobbies? (If yes please give details) _____

Have you had any motoring convictions, fixed penalty points on your licence or been disqualified from driving in the past five years? **yes** ☐ **no** ☐
If yes, please give details _____

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? **yes** ☐ **no** ☐
If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary.

SECTION 2: Details of driver or last person in charge of car (if policyholder go to section 3)

Name and address:	Home telephone number:
	Work telephone number:
Postcode:	Mobile telephone number:
Date of birth:	Fax number:
E-mail address:	Are you VAT registered? yes <input type="checkbox"/> no <input type="checkbox"/>

Were you driving with the owner's consent? **yes** ☐ **no** ☐

In what country was your driving licence issued? _____ Is your licence? **full** ☐ **provisional** ☐

Do you have: a full time occupation? (If yes please give details) _____
a part time occupation? (If yes please give details) _____
any **paid** hobbies? (If yes please give details) _____

Have you had any motoring convictions, fixed penalty points on your licence or been disqualified from driving in the past five years? **yes** ☐ **no** ☐
If yes, please give details _____

Have you had any accidents, thefts or losses, or made any claims (Fault or Non Fault) during the past three years? **yes** ☐ **no** ☐
If yes, please give details (including dates, circumstances and costs), using a separate sheet if necessary.

SECTION 3: Details of car being driven by person in section 1 or 2

Make	Model	Engine size	Year of manufacture	Registration number	Purchase price	Current value	Current mileage

Is the car imported? _____ **yes** ☐ **no** ☐

Does the car have a personal registration? _____ **yes** ☐ **no** ☐

Has the car been modified from the manufacturer's standard specification? (If yes please list and include optional extras) **yes** ☐ **no** ☐

Is the policyholder the registered owner? If no, please state name of owner, and the relationship to the policyholder **yes** ☐ **no** ☐

What was the car being used for at the time of the incident? Please give full details _____

Who did you buy the car from? _____ Date purchased _____

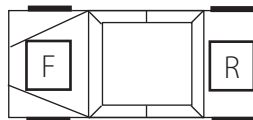
Is there any hire purchase or finance outstanding on the car? If yes, please give name, address and telephone number of company **yes** ☐ **no** ☐

SECTION 4: Damage to your car and repair details

Mark the point of impact with an arrow and the damaged area with XXX

Where is the car now? _____

When was it recovered (date and time)? _____



Can the car be driven?

yes

☐

no

☐

SECTION 5: About the incident (if you require more room for any answers please use a separate sheet)

Please provide the details of all OTHER parties and vehicles involved in the accident

Name, address and telephone number	Vehicle type and registration number	Brief description of damage	Insurer's name, address and policy number

Please provide the details of all people injured in the accident (if you require more room for this answer please use a separate sheet)

How many people were injured?	
Name and address:	Name and address:
Occupation:	Occupation:
Age:	Age:
Seatbelt worn (please circle) yes / no / unknown	Seatbelt worn (please circle) yes / no / unknown
Type of injury:	Type of injury:
Detained in hospital (please circle) yes / no	Detained in hospital (please circle) yes / no
Which hospital?	Which hospital?
Were they (please circle) a pedestrian / in your car / in another vehicle / cyclist	Were they (please circle) a pedestrian / in your car / in another vehicle / cyclist

Please provide the names and addresses of all passengers in your car and independent witnesses (please circle whether passenger or witness)

Passenger / witness Name and address:	Passenger / witness Name and address:	Passenger / witness Name and address:

Please provide full details about the incident

Date and time of incident:	Please describe what happened: (Use an additional sheet if required)	Please give a brief sketch of the accident, indicating road names and direction of travel. (Use an additional sheet if required)
Your speed:		
Speed of other vehicle:		
Did the police attend the incident? yes / no		
Police officer's name:		
Police officer's number:		
Police station:		
Telephone number:		
Incident location:		
Will a prosecution result from the incident? yes / no (please circle) If yes, please give details:		

Declaration

I hereby declare the above details are correct whether I the policyholder have completed the form or someone on my behalf. I agree to forward to Diamond immediately on receipt any unanswered correspondence including any summons or writ in connection with this incident. In the event of my car being declared a total loss I give permission for its removal to a place of storage. I understand that it is my responsibility to remove any personal belongings from my car before leaving it at a garage premises. I agree that if my policy is cancelled and a claim has been made, the full premium is due. If my car is beyond economical repair and the damage is covered under my policy you will deduct any outstanding premium including outstanding instalments from my settlement figure. I request Diamond to deal on my behalf with any third party claims arising out of this incident and to make such admissions of liability and of negligence as is thought fit. 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 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.

Policyholder's signature 	Date _____
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Please return this form to Diamond Claims Team, FREEPOST SWC1169, CARDIFF, CF10 3GT



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