

MOTOR ACCIDENT REPORT FORM

Please complete all the sections on this form

THIS FORM HAS BEEN COMPLETED FOR THE PURPOSE OF DEFENDING ANY FUTURE POSSIBLE LITIGATION AND IS TO BE USED ONLY BY THE EMPLOYER, THEIR INSURERS OR LEGAL ADVISORS

POLICYHOLDER	London Borough of Lambeth
Name & Address	Risk and Insurance Services 3 rd floor Olive Morris House 18 Brixton Hill London SW2 1RL
Telephone No.	0207 926 9301

1. DRIVER DETAILS

Title: Mr / Mrs / Miss / Ms / Dr (please circle) Other: (please state) _____

Surname: _____ Forename: _____

Work Address: _____

Postcode: _____ E-mail: _____

Contact telephone number: _____ Department _____

Home address _____

Postcode: _____

Date of birth: ____ / ____ / ____

Has the driver been involved in an accident in the last 5 years or been convicted of a driving/motoring offence (or has a prosecution pending) within the pass 5 years? If so please give details _____

2. VEHICLE DETAILS

Registration No _____ Make & Model _____

Is the vehicle leased or owned _____

For what purpose was the vehicle being used at the time of the accident? _____

Details of damage _____

Address where the vehicle can be located for inspection _____

3 OTHER VEHICLE/PROPERTY

Name of driver/owner _____

Policy Number _____

Telephone Number _____

Registration no. _____

Make _____ Model _____

Insurance company details _____

Damage to vehicle/property _____

Name of injured person _____

Injuries sustained to person _____

Name of injured person _____

Injuries sustained to person _____

4. **ACCIDENT**

Date of accident: ____/____/____

Time: _____ am / pm

Location of accident _____

Post Code _____

Weather Condition _____ Road conditions _____

Speed of your vehicle _____ Speed limit for the road _____

What warning lights/sirens were in use _____

Please provide full details of the incident _____

Please provide a sketch plan of the location of the incident.

Photographs of the damaged vehicle(s) is required

5. WITNESS

Names of address

State if passenger and in which vehicle

1. Name: _____
Address: _____

2. Name: _____
Address: _____

6 POLICE

Were the police informed? _____ Did they attend _____

Give officer's name and badge Numbe _____

Police Station _____

Crime number _____

7 -----INSURED PERSONS

Signature: of driver _____

Date: _____ / _____ / _____

Print Name of manager _____

Signature: manager _____

Date: _____ / _____ / _____

Please Return This Completed Form To:-

**Risk & Insurance Services
3rd Floor Olive Morris House
18 Brixton Hill, London SW2 1RL**