



ERS Claims Ltd
 PO Box 3753
 Royal Wootton Bassett
 Swindon
 SN4 4DA

MOTOR ACCIDENT

**Before you complete this form remember it is
 quicker and easier to TELEPHONE our
 24 HOUR HELPLINE 0844 800 1930**

1 POLICY HOLDER

Name _____
 Occupation _____ Policy No. _____
 Tel. No. Home _____ Bus. _____
 Address _____

 _____ Post Code _____

2 V.A.T.

Is the vehicle owner registered for VAT purposes? YES/NO
 If YES state if the VAT included in the cost of repairing or replacing the
 vehicle can be recovered
 a) Completely b) Partially _____% c) Not at all (delete as necessary)

3. DRIVER OR PERSON IN CHARGE OF VEHICLE

It is still necessary for this section to be fully completed even if the
 policy holder was the driver or the vehicle was inattended or parked.
 Name _____
 Address _____
 Occupation _____
 Date of Birth _____
 Licence No. _____
 Driving Licence held Full/Provisional/Heavy Goods/International/Other
 (delete as appropriate) Date test passed _____
Please attach a copy of the driving licence.
 Length of recent and regular driving experience on the U.K. etc.

 Has he/she been convicted of any motoring offences? YES/NO
 If so give details _____
 Has he/she any physical infirmity, or defective vision or hearing, or loss
 a limb or an eye YES/NO. If so give details _____

 If your permanent Driver, how long has he/she been in your employ?

 Has he/she in his/her name, a Motor Insurance Policy? YES/NO
 If so, please state name of insurers and the Policy Number

4 INJURED PERSONS

Give name(s) and address(es) of any injured persons (other than occupants
 of your car)

 Nature of injuries _____

5 PARTICULARS OF VEHICLE

Reg. No. _____ Present Value _____
 Year of Make _____ CC's _____ Colour _____
 Make & Model _____
 VIN/Chassis Number _____
 If the vehicle is not your property entirely state the name and address of the
 owners including any finance company interested. _____

 State exact details of the journey at the time of the accident
 Travelling from _____ to _____
 What was the purpose of the journey? (The word PRIVATE is not sufficient)

 Was the vehicle being used in accordance with your instructions? YES/NO
 How many passengers were being conveyed? _____
 State nature and weight of any goods carried, and gross vehicle weight
 (For Commercial Vehicles only)

6 PARTICULARS OF ACCIDENT

Date and time of the accident? _____
 Where did the accident occur? _____

 Class of road _____ Approximate width of road _____
 Condition of road _____
 Your position on road _____
 If driving on n/s how far out were n/s wheels from kerb? _____
 At what speed was your vehicle travelling immediately prior to the
 accident? _____ Was your horn sounded? _____
 If dark, what lamps were showing on your vehicle? _____
 Who in your opinion, was to blame? _____
 Give name if other than yourself or driver _____

 Are you a member of the AA or RAC?

7 PARTICULARS OF OTHER VEHICLES INVOLVED OR OTHER PROPERTY DAMAGED

Name & address of the owner _____

 Name & address of the driver _____

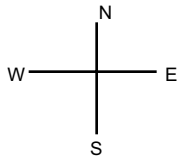
 Make, Model, Reg. No. & Colour _____
 Nature of damage _____
 Has notice of any claim been given to you? YES/NO
 If in writing, forward immediately unanswered. If verbally, give particulars

 Details of the third party Insurers if know _____

ERS Claims Limited, who are authorised and regulated by the Financial Conduct Authority, registered number 312087, administer claims on behalf of ERS.
 ERS is a trading name of ERS Syndicate Management Limited who are authorised by the Prudential Regulatory Authority and regulated by the Financial
 Conduct Authority and the Prudential Regulatory Authority, registered number 204851. ERS Syndicate Management Limited and ERS Claims Limited
 Registered Office: Library House, New Road, Brentwood, Essex CM14 4GD. Registered in England and Wales No. 00426475 and 02996846.

8 SKETCH

Position immediately before the accident
Where appropriate, show road widths, traffic lights, warning signs, names of adjacent roads etc. Indicate direction of vehicles with an arrow



Position when vehicle came to rest

9 EXPLAIN FULLY HOW ACCIDENT OCCURRED

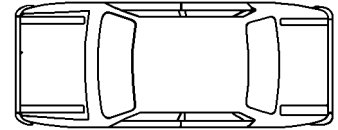
10 GIVE FULL PARTICULARS OF THE DAMAGE TO YOUR VEHICLE

If your Policy covers the cost of repairs to your vehicle to obtain the immediate benefit of the **24 HOUR CLAIMS HELPLINE** telephone 0844 800 1937.

No estimate may be required.

Is the car still mobile? YES/NO

If not please state address where motor vehicle can be examined



Show area of impact by arrow

If the battery, exhaust system or tyres are to be replaced please advise age of damaged items, and approximate expired mileage of tyres

Is vehicle still in use YES/NO

At repairers YES/NO

If beyond economic repair, pending settlement, can we move the vehicle to a place of free storage YES/NO

Do you hereby authorise us, where necessary to instruct repairs on your behalf YES/NO

Do you hold more than one Policy indemnifying you in respect of this accident YES/NO

If so give details _____

11 POLICE EVIDENCE

Did the Police take evidence or particulars? YES/NO

If so, give his/her Number and Station _____

Was he/she a witness? YES/NO

Did he/she indicate that anyone may be prosecuted? YES/NO

If so, whom? _____

12 NAMES AND ADDRESSES OF WITNESSES

Independent _____

Passengers (State if injuries sustained by any such person, and, if so the nature thereof) _____

All communications relating to the accident must be immediately forwarded unanswered

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd. (IDSL Ltd.), the Hunter database run by MCL Ltd. and the Motor Insurance Anti-Fraud Register, run by the Association of British Insurers (ABI) and where appropriate the police. The aim is to help us check information provided and also to 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. When you tell us about an incident, we will pass information relating to it to the registers.

I/We understand that you may ask for information from other 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.

Policyholders Signature _____

Date _____

(If the Policy is in the name of a firm, this form must be signed by a partner officer, or director and rubber stamped).