ACCIDENT REPORT FORM

THIS PAGE MUST BE COMPLETED –
FAILURE MAY RESULT IN UNNECESSARY DELAYS

1. Policyholder Details

Policyholder	
Policy Number	
Policyholder Address	
Email Address for Claims Contact	
Phone Number	
VAT Registered?	Yes ☐ No ☐
Your Reference Number	
Depot Code/Loss Code	

2. Driver Section

Driver Name	
Date of Birth	/ /
Date passed test to drive the vehicle concerned	/ /
If the driver has any of the following conviction codes currently on their license, please provide full details – AC, BA, CD40 to CD90, DD, DR, IN, LC, MS, TT, UT or XX	
Known Medical Conditions	
Permanent Employee or Agency Driver	

3. Incident Details

Time and Date of Loss	
Accident Location please be as specific as possible	
Speed of all vehicles involved	
Weather/Road Conditions	

Any photographs taken? Yes ☐ No ☐

4. Insured Vehicle

Vehicle Registration	
Make/Model	
Mileage	

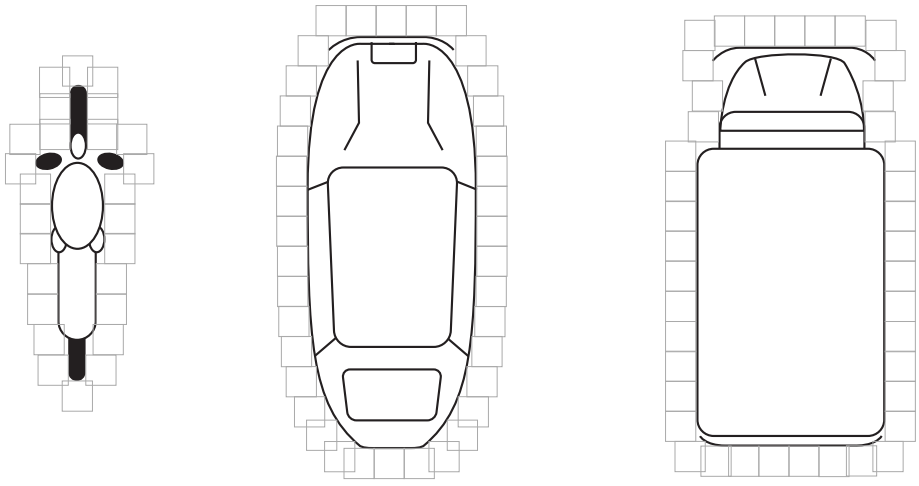
CCTV/Dashcam footage available? Yes ☐ No ☐

Will you be claiming for damage to this vehicle? Yes ☐ No ☐

Vehicle damage description

Vehicle driveable? Yes ☐ No ☐

Please indicate damage area to policyholder vehicle. Please click on the vehicle to indicate the area of damage.



5. Passengers/Injuries – Policyholder Vehicle

How many passengers were in your vehicle?	
Names and contact details of any passengers	
Was anybody in this vehicle injured, if so, what injuries have been sustained?	
Did an ambulance attend scene?	Yes ☐ No ☐
Attended hospital?	Yes ☐ No ☐
Name of hospital	

6. Sketch and Statement

Please provide a statement of the accident below along with a sketch, this can be continued on a separate sheet if necessary.

Do you consider yourself to be at fault for the incident? Partially ☐ Yes ☐ No ☐

7. Third Party Details

Driver Name	
Address If incident involved a third party's property, please give full address details.	
Phone Number	
Email Address	

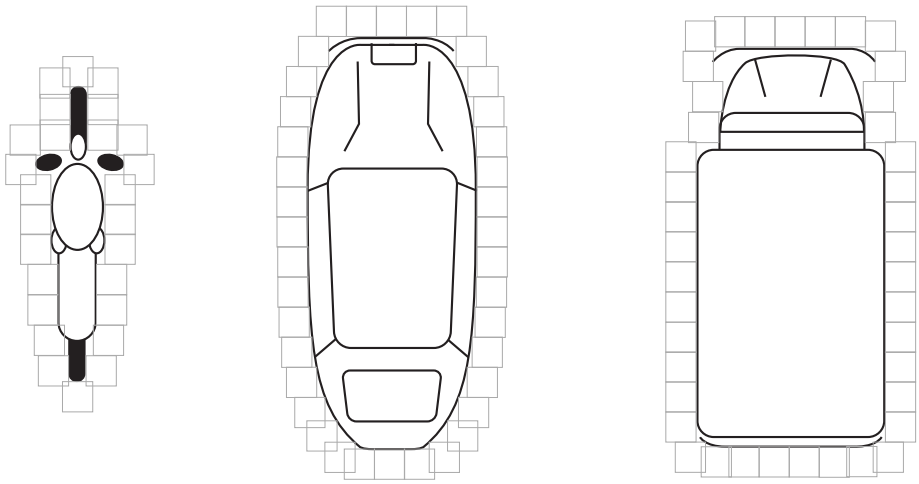
8. Third Party Vehicle Details

Vehicle Registration	
Make/Model	
Colour	
Insurance Details	
Vehicle damage description	

Any pre-existing damage? Yes ☐ No ☐

Vehicle driveable? Yes ☐ No ☐

Please indicate damage area to third party vehicle. Please click on the vehicle to indicate the area of damage.



If there is more than one third party involved then please add the details onto the sheet at the end of the accident report form.

9. Third Party Passengers/Injuries

How many passengers were in the third party vehicle at the time of the collision?

Were any of the passengers minors? (under 16 years old)

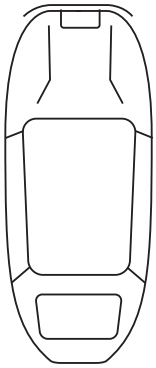
Did anybody in this vehicle complain of, suffer or incur visible injuries at the scene?
Please provide full name and contact details if known

1.
2.
3.
4.
5.

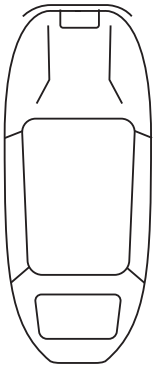
Did an ambulance attend scene? Yes ☐ No ☐

Please indicate where each passenger sat if applicable: (please number the positions as above)

Policyholder Vehicle



Third Party Vehicle



10. Witnesses (if applicable)

Witness Name

Phone Number

Address

Email Address

Independent? Yes ☐ No ☐

11. Police Details (if applicable)

Did Police attend?	Yes	☐	No	☐
Officer Name/Badge Number				
Reference Number				
Station				
Did the driver make a written statement?	Yes	☐	No	☐

12. Any other comments/concerns you may wish to make known

13. Declaration

Notice:

To provide our services as an insurer, QBE Insurance (Europe) Limited will need to collect and use personal information. The types of personal information that we collect and our uses of that personal information will depend on your relationship with us but will include details such as name, address and contact details. If relevant, it will also include sensitive personal information (e.g. data concerning health) and information relating to criminal convictions and offences. The purposes for which we use your personal information will include evaluating insurance applications and providing quotes; providing insurance cover; handling claims; crime and fraud prevention and debt recovery.

We may obtain your personal information from or share it with third parties such as intermediaries, other insurers, reinsurers, loss adjusters, sub-contractors, our affiliates, the police and other law enforcement agencies, fraud and crime prevention and detection agencies, databases and registers (for example the Motor Insurance Database, Claims and Underwriting Exchange and Motor Insurance Anti-Fraud and Theft Register), publicly available sources and certain regulatory bodies for the purposes described in our Privacy Notice https://qbeeurope.com/privacy-policy/.

Depending on the circumstances, we may transfer personal information outside the United Kingdom and the European Economic Area to countries that have less robust data protection laws. Any such transfer will be made with appropriate safeguards in place.

You can find out more about our use of personal information and the rights that you have by clicking https://qbeeurope.com/privacy-policy/. You can also request a paper copy of the Privacy Notice by contacting the Data Protection Officer by e-mail at: dpo@uk.qbe.com or in writing to: The Data Protection Officer, QBE European Operations, Plantation Place, 30 Fenchurch Street, London, EC3M 3BD. We recommend that you review this notice.

If you provide us with personal information relating to a third party you should provide them with a copy of this notice.

Declaration:

I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will assist QBE with their enquiries.

Signature:	
Date:	

QBE European Operations

1 Coval Wells, Chelmsford CM1 1WZ

T +44 (0) 20 7105 4000 | E enquiries@uk.qbe.com | QBEeurope.com

8980GC/AccidentReportForm/JUNE2018