



Motor – Accident Report Form

Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and return it to us within 14 days. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

Damaged Vehicle?

If your own vehicle has been damaged, we recommend the use of your own Insurers Approved Repairer Scheme.

If you prefer to use a non-approved repairer, please submit an estimate for the repairer. The Insurers will arrange for an inspection of the vehicle after the estimate has been received.

In either case you will be responsible for the policy excess and the VAT if you are VAT registered.

Getting your vehicle repaired

You may put in hand any temporary repairs necessary to make your vehicle driveable. We will need to receive the invoices for this work but do not delay submitting the attached report form.

Approved Repairers

The majority of Insurers have a network of Approved Repairers which we strongly advise you to use. The main advantage is that you do not need to go to the trouble of obtaining estimates for repair from other garages, therefore saving time.

Other benefits provided may include the following, although they do vary from insurer to insurer:

- Free Courtesy Car whilst your car is repaired, if the repairer has a vehicle available (not applicable to vans)
- Free Recovery or Collection of your car where the vehicle is not drivable
- Priority Service and Speedy Repairs
- Guarantee on the work carried out
- Commitment to quality service through inspection of the garage by your Insurer.

To arrange for your vehicle to be repaired using an Approved Repairer, please either contact our Claims department or contact your Insurer direct on their claims help lines which can be found on our website.

If you have chosen to use a recommended repairer, you do not need to obtain estimates for the cost of the repair, **however repair will not commence until the claim form is received by your Insurers.** They will then instruct the garage to contact you accordingly.

Stolen Vehicle?

If the vehicle is found and has been damaged we would ask you to contact us to arrange inspection and repair of the vehicle.

Alternatively if the vehicle is not found, the **original** Vehicle Registration Document, all sets of car keys, the current MOT certificate, if applicable, and the original purchase receipt if available will need to be forwarded to this office.

Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerand.co.uk
Authorised and regulated by The Financial Services Authority



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Contact Numbers

Claims Department

Andrea Compton	0116 2999016
Sue Hitchcock	0116 2999020

Partners/Account Executives

Peter Turner	0116 2999005
Perry Turner	0116 2999002
Lee Turner	0116 2999013
Kevin Lewis	0116 2999003
Peter Shaw	0116 2999009
Paul Chesters	0116 2999023
Jeff Cook	0116 2999004
Ketan Popat	0116 2999064
James Fogg	0116 2999015

Legal Expenses Cover

If you have purchased Legal Expenses cover at the inception of the policy, and the accident is not your fault, the Legal Expenses Insurance will come into effect. We will forward a copy of your claim form to Angel Assistance, who will contact you to try to recover your uninsured losses from the Third Party, eg. policy excess, loss of earnings etc.

Angel Assistance may also be able to provide a temporary vehicle free of charge whilst your vehicle is repaired in circumstances where the Third Party is clearly at fault and their insurer has been identified.

Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

The CUE & MIFA

Insurer and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register, operated by the Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register operated by the Association of British Insurers. List of participants are available on request. The information you supply on this form, together with the information you have supplied on the proposal form and other information relating to the claim, will be provided to participants.

Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the partners of Turner & Co. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

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For office use only Turner and Co Claim Reference _____
Insurance Company _____

POLICYHOLDER

Name/Insured _____
Policy number _____
Address _____
Postcode _____
Daytime telephone number _____ Occupation _____
E-mail address _____
Are you VAT registered? Yes No

DRIVER

Name _____ Date of Birth _____
Address _____
Postcode _____
Daytime telephone number _____ Occupation _____
Type of driving licence Full/Provisional Date first issued _____
Current Licence No. _____
If driver employed by you, how long? _____
Is driver the main user? Yes No If No, proportion of use _____ %
If not the Policyholder, did driver have Policyholder's permission to drive? Yes No
Has *driver*
1. been concerned in any accident or loss in the past 3 years Yes No
2. any motoring convictions (including Fixed Penalty) in the last 5 years Yes No
3. ever been declined motor vehicle insurance? Yes No
4. any physical defect or infirmity Yes No
If answer to questions 1,2,3 or 4 is YES, give details: _____

VEHICLE

Make & Model _____ CC/GVW _____
Registration Number _____ Colour _____ Year of Make _____
Owner of vehicle _____ Mileage at date of accident _____
Finance Company details (if any) _____
Purpose for which vehicle was being used _____
Goods carried _____ Number of passengers _____
Which Approved Repairer is being used & when (contact us if details required) _____

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If Repairer is not approved, where can vehicle be inspected? _____

Describe the damage to the vehicle _____

ACCIDENT

Date _____ Time _____ am/pm Place _____

Weather & road conditions _____

Visibility _____ What lights were lit? _____

Speed limit applicable _____ Speed of your vehicle _____

Position of Third Party vehicle _____ Speed of Third Party vehicle _____

If Police Officer attended, name, number & station _____

Sketch Plan of Accident (show names & width of roads, road signs, direction of vehicles, position of witnesses)

DRIVER'S STATEMENT (continue on a separate sheet of paper if necessary)

Describe fully what happened _____

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WITNESSES (continue on a separate sheet of paper if necessary)

Name & Address _____ Passenger or Independent Witness

THIRD PARTIES (continue on a separate sheet of paper if necessary)

Name & Address _____

Tel No. _____

Vehicle Make & Model _____ Reg. No. _____

Insurer _____ Policy No. _____

Details of Damage to Vehicle or other Property _____

Name & Address _____

Tel No. _____

Vehicle Make & Model _____ Reg. No. _____

Insurer _____ Policy No. _____

Details of Damage to Vehicle or other Property _____

PERSONS INJURED (continue on a separate sheet of paper if necessary)

Name _____ Male Female

Passenger or Pedestrian (if former, in which vehicle?) _____

Name of Injury _____

Name _____ Male Female

Passenger or Pedestrian (if former, in which vehicle?) _____

Name of Injury _____

DECLARATION

Insurers pass information to 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 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 give rise to a claim. We will pass information relating to this incident to the register.

Submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form. I understand that you may seek information from other Insurers to check answers I have provided. I confirm that I have no objection to you obtaining any information you require from the DVLA in connection with my driving licence.

Signature of Driver _____ Date _____

(where other than Policyholder)

Signature of Policyholder _____ Date _____

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