

# Motor Incident Report Form



clear

## Claim Number:

## Privacy Notice

The following information is required in order to process your claim. This will need to be shared with the insurer and any parties they may appoint such as loss adjustors or reinsurers. In addition, many insurers will share details with agencies involved in the prevention or detection of fraud or financial crime.

Our Customer Privacy Notice provides details of how we use and share your information as well as your rights and how to exercise them. You can access it at [www.thecleargroup.com/privacy-policy](http://www.thecleargroup.com/privacy-policy) or contact us if you would like us to send you a copy.

Where you provide information relating to another person we assume you have a lawful basis for doing so and request that you draw our privacy notice to their attention.

## Completing your Form

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary and if completing by hand, please use block capitals.

### In addition you should:

1. Note that insurers have deadlines for submitting claim forms so do not delay returning this form. If the claim form is submitted late, insurers may decline your claim;
2. If you need assistance completing this form, you can email or telephone the team, details of which are on the Claims Page of the Clear website;
3. Do not admit liability or respond to any third party correspondence;
4. Provide all relevant documentation in support of your claim, including any images of the incident and vehicles involved.
5. This claim will only be accepted if signed by the Policyholder or their authorized representative.

## 1. Insured

Insured Name:

Policy Number:

Correspondence address:

Telephone Number:

Email address:

Business/occupation:

Are you VAT registered?

Please provide the details of who we should contact regarding this matter if it is not the Policyholder. Please note that this person must be authorised by the Policyholder to discuss this incident on their behalf.

Name:

Position/title:

Telephone number:

Email address:

## 2. Insured Vehicle

Registration Number:

Make, Model, Cubic Capacity (CC) and Colour:

Is the vehicle still in use?  Yes  No

Description of damage:  
(Please supply photographs)

Where is the vehicle?

Have you obtained a quote for repairs?  
If yes, please provide a copy.  Yes  No

Instead of obtaining your own estimate,  
would you prefer your insurer to instruct  
an approved repairer to contact you directly?  Yes  No

Will you require a free courtesy car for the  
duration of repairs (only with insurers  
approved repairer and will be small manual  
car – subject to availability)?  Yes  No

Are you the owner of the vehicle?  Yes  No Who is the owner?

## 3. Insured Driver or person last in charge of vehicle if parked (please answer all - do not leave blank, do not put n/a)

Name:

Address:

Date of birth:

Occupation:

Employer:

Date UK Test Passed:

**Does the driver have:**

Any disabilities declarable to DVLA?  Yes  No

Any current or pending convictions?  Yes  No

Any accidents in the past 5 years?  Yes  No

If you answered "yes" to the above question,  
please provide details here:

## 4. Incident Details

Date and time of incident:

Date:

Time:

Location of incident:

Purpose of journey:

Who in your opinion is to blame?

Passenger information:

Number of passengers in your vehicle:

Were there any injuries to your passengers: Yes No

If you answered "yes" to the above question, please provide names and addresses below.

Did the police attend the scene?

Yes

No

Police reference:

Did Ambulance attend scene?

Yes

No

Injured party:

Have you received any notice of prosecution?

Yes

No

Was there a third party involved?

Yes

No

If you answered "yes" to the above question, please complete section 5. If not, go straight to section 6.

## 5. Third Party Details

Registration Number:

Name:

Address:

Telephone number:

Emails address:

Colour, make and model:

Policy number:

Insurer:

Number of occupants in vehicle:

Any injuries complained of:

If yes, please provide details known:

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Description of third party vehicle damage (Please supply photographs where possible)

Did the third-party vehicle drive away from the scene after exchange of details:      Yes      No

Have you received notice of claim against you?      Yes      No

## 6. Witnesses

Name:

Address:

Telephone number:

Email address:

For further witness details please use a separate document.

Does your vehicle or the third party have dashcam footage?      Yes      No

## 7. Diagram

Please provide a detailed sketch of the accident scene, detailing vehicle positions before and after the accident and the road layout. Supply any photographs of the location or, if possible, a Google map.

## 8. Defendant's Version of Events

My version of events are detailed below:

## 9. Declaration

**Statement of Truth:** I believe that the facts stated in this Defendant's Version of Events are true. I understand that proceedings for contempt of court may be brought against me if I make, or cause to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth. I understand that I may have to attend court in the defence of the claim.

Signature:

Date:

Name: