

Incident Notification Form



Notice & Declaration (please read carefully)

Notice: Insurers pass information to the Claims and Underwriting Exchange Register (CUE), run by Insurance Database Services Ltd (IDSL) and the Motor Insurance Anti-Fraud and Theft Register (MIAFTR), run by the Association of British Insurers (ABI). We also exchange information with other Insurers and other organisations through various other databases. 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 or may not give rise to a claim. We will pass information relating to this incident to the registers.

In addition your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by the police for the purpose of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK Insurers, the Motor Insurers' Bureau (MIB) and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from us, or at www.miic.org.uk. Your information (including any personal and sensitive information you have given) may also be disclosed to agents and service providers appointed by us (such as claims handling agents, approved engineers, and investigative agents) and may be transferred to any country including countries outside the European Economic Area for the purposes of administration.

Declaration: *I/We hereby declare that the information and statements below are true to the best of my/our knowledge. 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 render all assistance required by the Underwriters.*

I/We confirm that the accident description provided is a true and accurate description of the accident to the best of my recollection and belief and I further confirm that my Insurers and / or their claims handling agent Gallagher Bassett have my express permission to use this information and any further evidence they obtain in support of this account of events in any claim against or in defence of any claim by another party to this accident.

Statement of Truth: *I believe that the facts stated in the 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.*

Drivers Signature _____

Date _____

Policyholder's or Company Official's Signature _____

Date _____

Policyholder Details:

| | | | |
|------------------|--|-------------------------|--------|
| Name: | | Policy Number: | |
| Address | | Email address | |
| Town | | Tel no, | |
| Post code | | Client Reference | |
| Business | | VAT Registered | YES NO |

Driver Details or last person in charge of vehicle:

| | | | |
|-------------------------|--|--|--|
| Name: | | Date of Birth: | |
| Address: | | Test Pass Date: | |
| Town: | | Licence Category | |
| Post Code: | | Medical Conditions | |
| Contact Numbers: | | Previous Incidents in the Past 3 Years: | |
| Email address | | Motoring Convictions in the Past 5 Years: | |

Vehicle Details:

| | | | |
|-------------------------------------|--|-------------------------|--------|
| Registration: | | Make & Model: | |
| Number of Passengers: | | CCTV/telematics fitted? | YES NO |
| For what purpose was it being used? | | | |
| Vehicle owner? | | | |
| Finance details | | | |

Vehicle Damage:

| | | | | | | | |
|------------------------------------|---|---|--------------------|---|---|-----------------------|--|
| Describe damage to insured vehicle | | | | | | | |
| Current Location | | | | | | | |
| Vehicle roadworthy? | Y | N | Recovery Required? | Y | N | Estimated repair cost | |

Incident Details:

| | | | | | |
|---------------------------|---|---------------------------|------------------|-------------|--|
| Incident Date: | | Time: | | | |
| Accident Location: | | | | | |
| Your speed | | Speed of other vehicle(s) | | Speed limit | |
| Weather & road conditions | | | | | |
| Police Involved? | Y | N | Officer name/no. | | |
| Police station | | Police ref no: | | | |
| Who was at fault: | | | | | |
| What Happened: | | | | | |

| | |
|----------------------------|--|
| Sketch of Incident: | |
|----------------------------|--|

Third Party's Details (vehicles):

| | | | | | | | |
|------------------------------------|---|---|--------------------------|----------------------|--|-------------------------|--|
| Name | | | | | | | |
| Address | | | | | | | |
| Tel no. | | | | Email address | | | |
| Vehicle Reg | | | Make/Model/Colour | | | | |
| Area & extent of damage | | | | Driveable? | | | |
| Insurer & policy no | | | | | | | |
| Driver injured | Y | N | Details | | | No of passengers | |

| | | | | | | | |
|------------------------------------|---|---|--------------------------|----------------------|--|-------------------------|--|
| Name | | | | | | | |
| Address | | | | | | | |
| Tel no. | | | | Email address | | | |
| Vehicle Reg | | | Make/Model/Colour | | | | |
| Area & extent of damage | | | | Driveable? | | | |
| Insurer & policy no | | | | | | | |
| Driver injured | Y | N | Details | | | No of passengers | |

Third Party's Details (property):

| | | | | | | | |
|-------------------------|--|--|-------------------------|----------------------|--|--|--|
| Name | | | | | | | |
| Address | | | | | | | |
| Tel no. | | | | Email address | | | |
| Type of property | | | Nature of damage | | | | |

Injured Party's Details:

| | | | |
|---------------------------|------------|-------------------------|--------------------------------|
| Name | | Age | |
| Address | | | |
| Tel no. | | Email address | |
| Person Injured | Pedestrian | Insured Passenger | TP Driver TP Passenger Cyclist |
| Taken to hospital? | Y N | Nature of injury | |
| Injury severity | Severe | Moderate | Minor |

| | | | |
|---------------------------|------------|-------------------------|--------------------------------|
| Name | | Age | |
| Address | | | |
| Tel no. | | Email address | |
| Person Injured | Pedestrian | Insured Passenger | TP Driver TP Passenger Cyclist |
| Taken to hospital? | Y N | Nature of injury | |
| Injury severity | Severe | Moderate | Minor |

| | | | |
|---------------------------|------------|-------------------------|--------------------------------|
| Name | | Age | |
| Address | | | |
| Tel no. | | Email address | |
| Person Injured | Pedestrian | Insured Passenger | TP Driver TP Passenger Cyclist |
| Taken to hospital? | Y N | Nature of injury | |
| Injury severity | Severe | Moderate | Minor |

| | | | |
|---------------------------|------------|-------------------------|--------------------------------|
| Name | | Age | |
| Address | | | |
| Tel no. | | Email address | |
| Person Injured | Pedestrian | Insured Passenger | TP Driver TP Passenger Cyclist |
| Taken to hospital? | Y N | Nature of injury | |
| Injury severity | Severe | Moderate | Minor |

| | | | |
|---------------------------|------------|-------------------------|--------------------------------|
| Name | | Age | |
| Address | | | |
| Tel no. | | Email address | |
| Person Injured | Pedestrian | Insured Passenger | TP Driver TP Passenger Cyclist |
| Taken to hospital? | Y N | Nature of injury | |
| Injury severity | Severe | Moderate | Minor |

Witnesses Details (if applicable):

If available please provide a separate list of all of your passengers

| | | | | | | |
|-----------------------------|---------------|--------------|----------|-----------------------------|---|---|
| Name | | | | | | |
| Address | | | | | | |
| Tel no. | | | | Email address | | |
| Location of Witness? | Our Passenger | TP Passenger | Onlooker | Witness Independent? | Y | N |

| | | | | | | |
|-----------------------------|---------------|--------------|----------|-----------------------------|---|---|
| Name | | | | | | |
| Address | | | | | | |
| Tel no. | | | | Email address | | |
| Location of Witness? | Our Passenger | TP Passenger | Onlooker | Witness Independent? | Y | N |

| | | | | | | |
|-----------------------------|---------------|--------------|----------|-----------------------------|---|---|
| Name | | | | | | |
| Address | | | | | | |
| Tel no. | | | | Email address | | |
| Location of Witness? | Our Passenger | TP Passenger | Onlooker | Witness Independent? | Y | N |

| | | | | | | |
|-----------------------------|---------------|--------------|----------|-----------------------------|---|---|
| Name | | | | | | |
| Address | | | | | | |
| Tel no. | | | | Email address | | |
| Location of Witness? | Our Passenger | TP Passenger | Onlooker | Witness Independent? | Y | N |

Additional Information: Please provide any further information you consider relevant

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|-----------------------------|--|
| Additional Comments: | |
|-----------------------------|--|

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| Please Return Form To: | Unicorn Underwriting C/O Gallagher Bassett. Felaw Maltings, 48 Felaw Street, Ipswich, Suffolk IP2 8PN Email: UK.Ipswich.NewClaims@gbtpa.com Phone: 0333 700 8029 |
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