

Motor Accident Report


Please answer all questions as fully as possible.

Policyholder		Branch:
Full Name:		Policy Number:
Business Description:		Date of birth:
Address:		Email Address:
Postcode:	Daytime Tel. No./Contact Name:	Mobile No.:
Are you VAT registered? Yes / No		If yes, what percentage can you recover? <input style="width: 50px;" type="text"/> %

2. Driver

Full Name:	Occupation:	Date of birth:
Address:		
Postcode:	Daytime Tel. No.:	Mobile No.:
Is driver employed by you? Yes / No		Was the vehicle driven with your permission? Yes / No
Has the driver any conviction (including Fixed Penalty offences) in connection with any motor vehicle? Yes / No		
If Yes, please attach full details and dates:		
Has the driver/person in charge ever been refused motor vehicle insurance? Yes / No		
If Yes, please attach full details and dates:		
Type of driving licence held:	Full / Provisional	Date of first Full licence issued:

3. Vehicle

Make and Model:	Year:	cc:
Reg No.:	Date of first registration:	
Chassis No.:	Vehicle identification No. (VIN):	
Owner's name and address:		
Finance Company name, address and agreement No.:		
Describe fully the purpose for which the vehicle was being used:		
Brief description of the damage:		
Repairers name, address and Tel. No.:		
(Mark the damaged areas with crosses)		
Is the vehicle at the repairers? Yes / No		If not, when will it be taken in?
If you are VAT registered, may we authorise repairs on your behalf? Yes / No		
Please note that if the vehicle is beyond economical repair insurers may arrange protection by moving it to a place of secure storage, unless you indicate otherwise - Yes / No		

4. Accident

Date: _____ Time: _____ am / pm Place: _____

Weather: _____ Visibility: _____ Distance from nearside: _____

What lights were lit on the vehicle? _____

Speed: a) before the accident : _____ mph b) at the moment of impact: _____ mph

If the police attended, please give: a) name of force: _____ b) Officers number: _____

Rough plan of Accident. Please show: a) name and approximate widths of roads: _____ b) directions of vehicles: _____

5. Driver's Statement (please state fully what happened and continue on a separate sheet if necessary)

6. Witnesses (Continue on a separate sheet if necessary)

Name and Address	Passenger or Independent Witness
_____	_____
_____	_____
_____	_____

7. Other Persons Involved / Property Damaged (Continue on a separate sheet if necessary)

Name and Address	Damage (Please give Reg. No. of vehicle if applicable)	Insurer and Policy Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Persons Injured (Continue on a separate sheet if necessary)

Name and Address	Seat belt worn YES / NO	Injury	Taken to hospital YES / NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The issuing of a claim form must not be construed as an acceptance of liability by your insurer or their representatives.

Declaration

If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.

I/We declare that all the answers are true and complete. I/We hereby claim for the loss or damage as set out above. I/We understand that you may seek information from other Insurers to check the answers I/We have provided.

Signature(s): _____ Date: _____

Please return to: **PERFORMANCE**, Third Floor, Sunley House, 4 Bedford Park, Croydon, Surrey, CR0 2AP

Tel: 0845 345 0815

Fax: 0845 345 0816

Email: claims@performance-insurance.tv

Performance is a trading name of Barbon Insurance Group Limited, which is authorised and regulated by the Financial Services Authority. Registered in England number 3135797. Registered office address: 4-9 Highview, High Street, Bordon, Hampshire. GU35 0AX

Commercial Property Claim Fo



performance
film & media insurance

Please answer all questions as fully as possible.

Policyholder	Policy Number:	
Name (BLOCK CAPITALS):	Renewal Date:	
Business Description:	Date of birth:	
Address:	Email Address:	
Postcode:	Daytime Tel. No./Contact Name:	Mobile No.:
Are you VAT registered? Yes / No	If yes, VAT Reg. No.:	

1. Please give the following information about the loss/damage:

(a) When did it happen? _____ am/pm on _____ Where did it happen? _____

(b) How did it happen? _____

If the damage is to the building, please state:

(c) Age of building: _____

(d) Briefly, the extent of the damage: _____

2. Are you insured under any other policy for this loss? Yes / No

If 'Yes' please give the Insurers' name: _____

3. Has anyone else a financial interest in the property, e.g. as owner or under a mortgage? Yes / No

If 'Yes' please give details: _____

4. Does the loss involve damage to own equipment? Yes / No

Does the loss involve damage to hired in equipment? Yes / No

Period of hire: _____ From: _____ To: _____ Cost: _____ Per: _____

Continuing Hire Claim? Yes / No

5. Have you ever before made a property claim on an insurer? Yes / No

If 'Yes' please state:

(a) Nature of claim: _____

(b) Name of insurers: _____

(c) Amount paid: £ _____

6. In case of theft, please give the following information about your premises:

(a) How were they entered? _____

(b) Were they occupied at the time? Yes / No

(c) If 'No', when were they last occupied? _____

(d) Was the alarm set? Yes / No

7. In case of theft, or loss or malicious damage, please state:

(a) The date you informed the police: _____

(b) The address of the police station: _____

(c) The police reference on any document given to you: _____

8. Please give the estimated total value of your property at the time of your loss:

Buildings: Full rebuilding cost £ _____ All the Contents: Full replacement value £ _____

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the Insurance Company or the Loss Adjusters.

BUILDINGS: The claim form should be accompanied by a tradesman's original detailed estimate.

CONTENTS AND STOCK: A list of the articles destroyed, stolen or damaged should be detailed below. Please indicate if any item for which you are claiming, e.g. camera, is on hire. It will help us to deal with your claim if you give us as much information as possible in respect of the lost, stolen or damaged item i.e. MAKE - MODEL - SERIAL NUMBER.

Original Purchase Receipts and Repair estimates should be attached to the form where appropriate. If the equipment is Hired In, we will need a copy of the Hire Agreement.

DESCRIPTION OF PROPERTY FOR WHICH THIS CLAIM IS MADE	DATE OF PURCHASE	PRICE PAID	ESTIMATED COST OF REPAIR (if applicable)	PRESENT REPLACEMENT COST (if applicable)	REPAIR/ESTIMATE(s) (attached or to follow)	IF HIRED IN, PERIOD OF HIRE, FROM/TO	HIRE CHARGES (week/month)	AMOUNT CLAIMED i.e. ACTUAL LOSS AFTER DEDUCTION OF SALVAGE VALUE
(1)	(2)	(3) £	(4) £	(5) £	(6) £	(7)	(8) £ Per	(9) £
TOTAL - £								_____

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Signature(s): _____ Date: _____

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 Tel: 0845 345 0815, Fax: 03845 345 0816
 Email: claims@performance-insurance.tv