UoS Motor Accident Report Form

COMPANY DETAILS

INSURED:	University of Sussex		
ADDRESS:	Sussex House, Falmer, Sussex BN1 9RH		

INCIDENT DETAILS

INCIDENT DATE:	TIME:		
INCIDENT TYPE:	SPEED OF TRAVEL:		
LOCATION:			
DESCRIPTION OF HOW ACCIDENT HAPPEN	NED:		
PLEASE DRAW A SKETCH OF THE ACCIDENT:			

DRIVER DETAILS	
NAME:	DATE OF BIRTH:
TEL NO:	LICENCE DETAILS:
	Type: Full Provisional
	Groups Covered:
CONVICTION DETAILS:	•
PREVIOUS ACCIDENTS:	
ADDRESS:	
<u>VEHICLE DETAILS</u>	
DATE VEHICLE BUDGHAGED	MAKE (MODEL
DATE VEHICLE PURCHASED:	MAKE/MODEL:
REGISTRATION:	MILEAGE:
COLOUR:	ENGINE SIZE/GVW:
DAMAGE TO VEHICLE:	
THIRD DARTY DETAILS	
THIRD PARTY DETAILS	
DRIVER NAME:	VEHICLE REGISTRATION:
TEL NO:	VEHICLE REGISTRATION: VEHICLE MAKE/MODEL:
ADDRESS:	VEHICLE MAKE/MODEL:
COMPANY NAME:	TEL NO:
ADDRESS:	ILL NO.
DAMAGE TO VEHICLE:	
INSURANCE DETAILS:	
INCOMINE DE INIEC	
WITNESSES	
NAME:	TEL NO:
ADDRESS:	
NAME:	TEL NO:
ADDRESS:	
THEFT CLAIM	
ALARM/IMMOBLISER FITTED:	
OTHER SECURITY:	
LOCATION OF KEYS:	
SECURITY ARMED (if not why not?)	
ENGINE NUMBER:	CHASSIS NUMBER:
TRAILER NUMBER: (if applicable)	-
POLICE CRIME REFERENCE NUMBER	:
-	

ANY EMERGENCY SERVICES AT SCENE: DETAILS OF ANY INJURIES:

I/We declare that to the best of my/our knowledge, these statements are true.

DRIVER'S SIGNATURE:

DECLARATION

ADDITIONAL INFORMATION

DATE:

INSURED'S SIGNATURE:

Please return the completed form to:
Insurance Team
Room 207
Sussex House

For all queries please contact: insurance@sussex.ac.uk