



**EUROPA**  
GENERAL  
An RSA Group Company

## Motor Accident Report Form

89-91 Academy Street  
Belfast  
BT1 2LS  
Tel: (028) 9032 0190  
Fax: (028) 9032 7592

Email: [claims@europageneral.com](mailto:claims@europageneral.com)  
Web: [www.europageneral.com](http://www.europageneral.com)

**Broker**  **Policy Number**

**Please Complete all sections of this form and return immediately to your Broker**

### Section A Insured

Name <input type="text"/>	Occupation <input type="text"/>
Address <input type="text"/>	Telephone Number (include work or mobile number) Home/Work <input type="text"/> Mobile <input type="text"/>
<input type="text"/>	Are you registered for VAT? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section B Driver/or person in charge of the vehicle (The details below must be given even if the driver is the insured)

Name <input type="text"/>	Date of Birth <input type="text"/>
Address <input type="text"/>	Occupation <input type="text"/>
<input type="text"/>	Telephone number <input type="text"/>
State class of licence held <input type="checkbox"/> Provisional <input type="checkbox"/> Full	How long has he/she regularly driven this type of vehicle? <input type="text"/>
Please enclose copy of licence	Give date of passing Test for such Licence <input type="text"/>
Is Licence in force? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any penalty points <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the driver insured separately under any other motor policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, please give name of company and policy number	<input type="text"/>
Is he/she employed solely and permanently by you?	If in your employ state how long employed <input type="text"/>
<input type="text"/>	Date of accidents during the past three years <input type="text"/>
<b>Give details of all motoring convictions/prosecutions pending (i.e. charge: date: penalty points)</b> <input type="text"/>	<input type="text"/>
<input type="text"/>	Has he/she ever been declined or refused Motor Insurance? <input type="text"/>
Has he/she had any physical defect, infirmity, defective vision or hearing? <input type="text"/>	<input type="text"/>

### Section C Vehicle (Type of body)

Make/Model <input type="text"/>	Type of body & No. of seats <input type="text"/>	Year of Make <input type="text"/>
Registration number <input type="text"/>	For what purpose was the vehicle being used? <input type="text"/>	
Has the vehicle been modified? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please give details <input type="text"/>	Were goods being carried, if so for what purpose? <input type="text"/>	
Is the vehicle registered in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No	State (a) Nature of goods carried <input type="text"/>	
Are you the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Whose were they? <input type="text"/>	
Was the vehicle used with your consent? <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) Weight of Load <input type="text"/>	
How many passengers were carried? <input type="text"/>	<input type="text"/>	
Were they being carried for Hire or Reward? <input type="text"/>	<input type="text"/>	

**If the vehicle is subject to Hire Purchase/Lease Agreement state the name & address of Company & Account Number (please specify Hire Purchase or Lease )**

**Please go to page 2 →**



**Section F Witnesses**

Name and address of all persons in your vehicle  
Show Age if under 18 years of age


Name and addresses of independent witnesses


Did Police attend accident scene?     Yes     No

Did Police take particulars? (If so, name investigating officer, reference & station)


**Section G Third Party details**

Name & Telephone Number:

--

Address of owner of other vehicle/property


Name of driver (if different)

--

How many passengers in TP vehicle?

--

Name and addresses of injured persons


Nature of injuries


Registration number of his/her vehicle

--

Make/Model

--

Name of his/her Insurance Company

--

Policy Number

--

Were seat belts worn?

Yes     No

Estimate of damage to other vehicle/s


**All communications must be forwarded immediately**

I hereby declare that the above statements are true to the best of my knowledge and belief, that no other Insurance is in force, and that I undertake to render such assistance in my power as the Underwriters may require.

Insurers pass information to the Claims and Underwriting Exchange Registers, run by Insurance Database Services Ltd (IDS Ltd) and Moneymate Insurance Services and the Motor Insurance Anti-Fraud and Theft Registers, run by the Association of British Insurers (ABI) and the Irish Insurance Federation (IIF). 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.

**Data Protection Notice**

Please read the following carefully as it contains information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

**Data Protection Act 1998**

All personal information supplied by you will be treated in confidence by Europa General Underwriters (N.I.) Limited and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of Europa General Underwriters (NI) Limited.

I/We understand that you may ask for information from other Insurers to check the answers I/We have provided.

Signature X .....

Date X .....

**EUROPA GENERAL UNDERWRITERS (N.I) LIMITED, AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY  
REGISTERED IN NORTHERN IRELAND No. 39814 REGISTERED OFFICE 89-91 ACADEMY STREET BELFAST**