



Motor – Accident Report Form

Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and return it to us within 14 days. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive if you require any assistance with completing this form, numbers are shown on the next page of this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS.

Tick the boxes and sign and date the form

Damaged Vehicle?

If your own vehicle has been damaged, we recommend the use of your own Insurers Approved Repairer Scheme.

If you prefer to use a non-approved repairer, please submit an estimate for the repairer. The Insurers will arrange for an inspection of the vehicle after the estimate has been received.

In either case you will be responsible for the policy excess and the VAT if you are VAT registered.

Getting your vehicle repaired

You may put in hand any temporary repairs necessary to make your vehicle driveable. We will need to receive the invoices for this work but do not delay submitting the attached report form.

Approved Repairers

The majority of Insurers have a network of Approved Repairers which we strongly advise you to use. The main advantage is that you do not need to go to the trouble of obtaining estimates for repair from other garages, therefore saving time.

Other benefits provided may include the following, although they do vary from insurer to insurer:

- Free Courtesy Car whilst your car is repaired, if the repairer has a vehicle available (not applicable to vans)
- Free Recovery or Collection of your car where the vehicle is not drivable
- Priority Service and Speedy Repairs
- Guarantee on the work carried out
- Commitment to quality service through inspection of the garage by your Insurer.

To arrange for your vehicle to be repaired using an Approved Repairer, please either contact our Claims department or contact your Insurer direct on their claims help lines which can be found on our website.

If you have chosen to use a recommended repairer, you do not need to obtain estimates for the cost of the repair, **however repair will not commence until the claim form is received by your Insurers.** They will then instruct the garage to contact you accordingly.

Stolen Vehicle?

If the vehicle is found and has been damaged we would ask you to contact us to arrange inspection and repair of the vehicle.

Alternatively if the vehicle is not found, the **original** Vehicle Registration Document, all sets of car keys, the current MOT certificate, if applicable, and the original purchase receipt if available will need to be forwarded to this office.

Turner Insurance Group

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerinsurance.co.uk
Authorised and regulated by The Financial Conduct Authority



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Claims Department Contact Numbers

Matthew Thompson	0116 2999 020
Kally Toft	0116 2999 016
Andrea Compton	0116 2999 071

Directors/Account Executives

Peter Turner	0116 2999 005
Perry Turner	0116 2999 002
Ketan Popat	0116 2999 064
James Moore	0116 2999 019
Chris Thorpe	0116 2999 009
Jo Watson	0116 2999 003
Dave Norwood	0116 2999 015

Legal Expenses Cover

If you have purchased Legal Expenses cover at the inception of the policy, and the accident is not your fault, the Legal Expenses Insurance will come into effect. We will forward a copy of your claim form to Angel Assistance, who will contact you to try to recover your uninsured losses from the Third Party, eg. policy excess, loss of earnings etc.

Angel Assistance may also be able to provide a temporary vehicle free of charge whilst your vehicle is repaired in circumstances where the Third Party is clearly at fault and their insurer has been identified.

Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

The CUE & MIFA

Insurer and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register, operated by the Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register operated by the Association of British Insurers. List of participants are available on request. The information you supply on this form, together with the information you have supplied on the proposal form and other information relating to the claim, will be provided to participants.

Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the Directors of Turner Insurance Group. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Conduct Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

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For office use only

Turners Claim Reference _____

Insurance Company _____

POLICYHOLDER

Name/Insured	
Policy number	
Address	
Postcode	
Business Description	
Daytime telephone number	
E-mail address	
Are you VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DRIVER

Name		Date of Birth	
Address			
Postcode			
Daytime telephone number		Occupation	
Type of driving licence	Full/Provisional	Date first issued	
Current Licence No.			
If driver employed by you, for how long?			
Is driver the main user?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, proportion of use	%
If not the Policyholder, did driver have Policyholder's permission to drive?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has driver	1. been concerned in any accident or loss in the past 3 years	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2. any motoring convictions (including Fixed Penalty) in the last 5 years including any pending motoring convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3. ever been declined motor vehicle insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	4. any physical defect or infirmity	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If answer to questions 1,2,3 or 4 is YES, give details:			

VEHICLE

Make & Model		CC/GVW	
Registration Number		Year of Make	Colour
Owner of vehicle		Mileage at date of accident	
Finance Company details (if any)			
Purpose for which vehicle was being used			
Goods carried		Number of passengers	

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Which Approved Repairer is being used & when (contact us if details required)	
If Repairer is not approved, where can vehicle be inspected?	
Describe the damage to the vehicle	

ACCIDENT

Date		Time		am/pm	Location	
Weather & road conditions						
Visibility				What lights were lit?		
Speed limit applicable				Speed of your vehicle		
Position of Third Party vehicle				Speed of Third Party vehicle		
If Police Officer attended, name, number & station						
Dashcam footage						
Sketch Plan of Accident (show names & width of roads, road signs, direction of vehicles, position of witnesses)						

DRIVER'S STATEMENT (continue on a separate sheet of paper if necessary)

Describe fully what happened	

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**WITNESSES** (continue on a separate sheet of paper if necessary)

Name & Address	Passenger or Independent Witness

THIRD PARTIES (continue on a separate sheet of paper if necessary)

Name & Address			
	Tel No.		
Vehicle Make & Model	Reg. No.		
Insurer	Policy No.		
Any Passengers in Third Party vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many?	
Details of Damage to Vehicle or other Property			
Name & Address			
	Tel No.		
Vehicle Make & Model	Reg. No.		
Insurer	Policy No.		
Details of Damage to Vehicle or other Property			

PERSONS INJURED (continue on a separate sheet of paper if necessary)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger or Pedestrian (if former, in which vehicle?)		
Name of Injury		

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger or Pedestrian (if former, in which vehicle?)		
Name of Injury		

DECLARATION

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers (ABI). 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 give rise to a claim. We will pass information relating to this incident to the register.

Submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form. I understand that you may seek information from other Insurers to check answers I have provided. I confirm that I have no objection to you obtaining any information you require from the DVLA in connection with my driving licence.

Signature of Driver		Date	
(where other than Policyholder)			
Signature of Policyholder		Date	

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