

PLEASE ENSURE THAT YOU FORWARD CORRESPONDENCE YOU MAY RECEIVE FROM A THIRD PARTY, THE POLICE, A HOSPITAL, A SOLICITOR ETC. TO THE INSURED SHOWN BELOW WITHOUT DELAY.

INSURED

 Full Name:

 Address:
DRIVER

 Full Name:

 Address:

 Postcode:

 Employer:

 Occupation:

 Licence:
VEHICLE

 Rental Agreement Number:

 Make & Model:

 Registration:

 What was the purpose of your journey:
ACCIDENT

 Location:

 Date: Time:

 Speed of your vehicle before the accident: at impact:

 Speed of other vehicle before the accident: at impact:

 Were lights displayed on your vehicle: other vehicle:

 Distance from near-side kerb your vehicle: other vehicle:

 Road width: Road signs: Speed limit:

 Road condition: Were you to blame:

 Were there any injuries: Horn Sounded:

 Damage to your vehicle:

 Damage to other property:

 Have you reported the accident to our 24/7 helpline 01962 674 876?
POLICE

 Were the police in attendance: Did you make a statement to the police:

 Result of breathalyser test: Has a notice of prosecution been given:

 Reporting officer name & number:

 Address of police force:

ENSURE YOU HAVE COMPLETED BOTH SIDES OF THIS FORM

DESCRIPTION OF ACCIDENT

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Make a sketch of the scene below. Show and registration number on each vehicle, the direction of travel, mark any signposts, road markings, skid marks, hazards and the location of witnesses:

Before	After
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OTHER PARTIES INVOLVED

Name			
Address			
Registration		Telephone	
Ins Policy Number		No of Passengers	
Damage			

PASSENGERS IN THE HIRE VEHICLE

Name	Address	eMail	Telephone

WITNESSES

Name	Address	Telephone	Passenger
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Make sure that you:

- Complete this form as soon as possible and return it within 48 hours of the accident.
- Email the photographs taken at the scene to info@alcovanhire.co.uk
- Get all passengers in your vehicle to complete and return a witness form.

Forms are available from the rental location or you can download them from:

- www.alcovanhire.co.uk/accidentform
- www.alcovanhire.co.uk/witnessform

Insurers 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 Insurance Database Services Ltd and via the Motor Insurance Anti-Fraud and Theft Register operated by the Association of British Insurers. The information you supply on this form, together with the information you have supplied on your Rental Agreement and other information relating to the claim, will be provided to all participants.

I confirm that the forgoing particulars are true to the best of my knowledge and belief.

Date:

Signature of Driver: