equity CLAIMS
PO Box 285
Unit 5–6
Ashford Industrial Estate
Ashford
TW15 1PT

MOTORCYCLE ACCIDENT

Before you complete this form remember it is quicker and easier to TELEPHONE our 24 HOUR HELPLINE 0844 800 1932

1 POLICYHOLDER

Name _____
Occupation _____ Policy No. _____
Tel. No. Home _____ Bus. _____
Address _____
_____
_____ Post Code _____
If Policy not issued Cover Note No. _____
Date of issue / / Broker/Agent _____
Is the motorcycle owner registered for VAT purposes? YES/NO

2 PARTICULARS OF MOTORCYCLE

Reg. No. _____ Year _____
Make/Model _____
Vin/Frame No. _____ Value _____
Is the motorcycle your property? YES / NO
Subject to a Hire Purchase Agreement? YES / NO
If YES, give details of Finance Company:
_____
_____
_____
_____
If a sidecar was attached please state:
Make/Model _____
Value _____

3 USE

State exact details of the journey at the time of the accident.
Travelling from _____
Travelling to _____
What was the purpose of the journey? (The word PRIVATE is not sufficient).
_____
_____
_____
_____
_____

4 POLICE EVIDENCE

Did the Police take evidence or particulars? YES / NO
If so, give his/her Number and Station _____
_____
_____
_____
Was he/she a witness? YES / NO
Did he/she indicate that anyone may be prosecuted? YES / NO
If so, whom? _____
_____
_____
_____

5 LAST RIDER OR PERSON IN CHARGE

It is still necessary for this section to be fully completed even if the policyholder was the rider or the motorcycle was unattended or parked.
Name _____
Address _____
_____
Occupation _____ Date of Birth _____
Is Rider licenced to ride this machine? YES / NO
Please attach a copy of the entire driving licence.
If a certificate of basic training is required to validate a provisional licence please also send a copy.
Has he/she been convicted of any motoring offences? YES / NO
If so, give details _____
Has he/she any physical infirmity, or defective vision, or lost a limb or an eye YES / NO
If YES give details _____
_____
_____

6 GIVE FULL PARTICULARS OF THE DAMAGE TO YOUR MOTORCYCLE

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
If your policy covers damage to your motorcycle please complete the remainder of this section.
Is the motorcycle still mobile? YES/NO
If not please state address where the motorcycle can be examined.
_____
_____
_____
_____
_____

Show area of impact by arrow

Is the motorcycle still in use? YES / NO
At repairers? YES / NO
If beyond economic repair, pending settlement, can we move the motorcycle to free storage? YES / NO
Do you hereby authorise us, where necessary to instruct repairs on your behalf? YES / NO

INSURERS MAINTAIN A MOTOR INSURANCE ANTI FRAUD AND THEFT REGISTER AND EXCHANGE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS.

ISO 9001 BUREAU VERITAS Certification
UKAS QUALITY MANAGEMENT 008

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7 PARTICULARS OF ACCIDENT

Date and time of the accident _____

Where did the accident occur? _____

_____

Class of road _____ Approximate width of road _____

Condition of road _____ Speed limit _____

Your position on road _____

If driving on n/s how far out were you from the kerb? _____

At what speed was your motorcycle travelling immediately prior to the accident? _____ Was your horn sounded? _____

What lights were showing on your motorcycle? _____

Who in your opinion was to blame? _____

8 PARTICULARS OF ALL OTHER VEHICLES INVOLVED OR OF OTHER PROPERTY DAMAGED

Name and address of the owner _____

_____

_____

Name and address of the driver _____

_____

_____

Make, Model, Reg. No. and Colour _____

_____

Nature of damage _____

_____

Has notice of any claim been given to you? YES / NO

Details of the other driver's insurers _____

_____

_____

_____

9 EXPLAIN FULLY HOW ACCIDENT OCCURRED

10 NAMES AND ADDRESSES OF WITNESSES

Independent _____

_____

_____

_____

Passengers _____

_____

_____

_____

11 INJURED PERSONS

Give name(s) and address(es) of any injured persons _____

_____

_____

_____

Nature of injuries _____

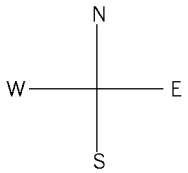
_____

_____

12 SKETCH

Position immediately before the accident

Where appropriate show road widths, traffic lights, warning signs, names of adjacent roads etc. Indicate direction of vehicles with an arrow



Position when motor cycle came to rest

13 DECLARATION

All communications relating to the accident must be immediately forwarded unanswered

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd. (IDSL Ltd.), the Hunter database run by MCL Ltd. and the Motor Insurance Anti-Fraud Register, run by the Association of British Insurers (ABI) and where appropriate the Police. The aim is to help us 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. When you tell us about an incident, we will pass information relating to it to the register.

I/We understand that you may ask for information from other insurers to check the answers I/We have provided.
I/We declare that the information given in this form is true and correct to the best of my/our knowledge and belief.

Policyholders Signature _____

Date _____

(If the Policy is in the name of a firm, this form must be signed by a partner, officer, or director and rubber-stamped).