



In the event of an RTA please complete this form with as much information as possible
And forward with any photographs taken too: jo@mobitechliftrucks.co.uk

Motor vehicle accident report form

From	Mobitech Lift Trucks	To	
------	----------------------	----	--

Telephone no.	01580 852473	Date	
---------------	--------------	------	--

Broker ref.	
-------------	--

Policyholder details	
Policyholder:	Andrew Barker T/as Mobitech Lift Trucks
Policy/Certificate number:	Current number will be entered by the office
Policyholder's address	Grandshore Wood Farm Grandshore Lane Frittenden Kent. TN17 2BZ
Occupation:	Proprietor
Telephone number	01580 852473
Is the insured VAT registered?	Yes
Is VAT recoverable on this vehicle?	Yes

Driver in charge (of vehicle immediately before incident)	
Driver's name:	
Driver's address:	
Telephone number:	
Email:	
Date of birth:	DD/MM/YYYY
Occupation	
Length of driver's employment?	
Current licence number:	
Date of first full licence:	DD/MM/YYYY
Proportion of vehicle use by driver?	
If not the policyholder, did the driver have the policyholder's permission to drive?	Company Vehicle Yes
Has driver ever been involved in any accident or loss during the past three years?	Yes / No
If Yes, enter details here:	
Has driver ever been prosecuted or incurred a fixed penalty for an endorsable offence in connection with a motor vehicle?	Yes / No
If Yes, enter details here:	
Has driver ever been declined or refused renewal for vehicle insurance?	Yes / No
If Yes, enter details here:	



Does the driver suffer from any conditions that affect their sight or hearing?		Yes / No
If Yes, enter details here:		

Insured vehicle	
Make:	
Model:	
Registration number:	
Year of manufacture:	
Name of hire purchase company or finance house interested (if any):	
Description of damage:	
On notification of a claim we will arrange your vehicle to be repaired by our Approved Repairer Network.	

Purpose	
Purpose for which vehicle was being used?	
Number of persons being carried (Including the driver):	
Nature of goods being carried (if any):	

In the event that your vehicle is assessed as being beyond economical repair, as protection, we sh to free and safe storage.		
Accident details		
Date:		DD/MM/YYYY
Time:		HH:MM
Place (quote road names where applicable):		
Road conditions:		
Weather conditions:		
Estimated speed:		
Lights used (if any):		
Position in road:		
Was your driver responsible?		Yes / No



Accident description -

What are the accident / loss circumstances:



Accident diagram

Please supply a diagram of the accident circumstances if possible

A large, empty rectangular box with a black border, intended for drawing an accident diagram.



Third party	
Name:	
Address:	
Telephone number:	
Vehicle make:	
Vehicle model:	
Vehicle registration number:	
Third party insurers (if known):	
Reference no.	
Third party speed:	
Damage to third party vehicle:	
How many occupants were in the vehicle? (Including the driver)	

Name:	
Address:	
Telephone number:	
Vehicle make:	
Vehicle model:	
Vehicle registration number:	
Third party insurers (if known):	
Reference no.	
Third party speed:	
Damage to third party vehicle:	

Injured persons	
Are there any Injured parties?	Yes / No
If Yes:	
Name:	
Address:	
Details of injuries:	
Did an ambulance attend the scene?	Yes / No
If Yes, enter it's details here	

Injured persons (continued)	
Are there any more Injured parties?	Yes / No
If Yes:	
Name:	
Address:	
Details of injuries:	



Did an ambulance attend the scene?	Yes / No
If Yes, enter it's details here	

Passengers – Names and addresses of passengers in insured vehicle	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

Witnesses – Names and addresses of all independent witnesses	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

Police details – Name, number and station	
Police officer's name:	
Police officer's number:	
Police station's address:	