ACKO INSURANCE

MOTOR INSURANCE FORM

Please complete all sections marked with *

Section 1 – Policyholder and Driver details

Policyholder details

*Policy name

*Policyholder number

*Policyholder address

Postcode

Phone No. | Fax No. | Mobile No.

Email

Are you VAT registered? ☐ Yes ☐ No

Driver details

(include details of last driver if vehicle was stolen)

*Driver's name | Phone No.

*Date of birth D D / M M / Y Y Y Y

*Driver's address

Postcode

*Licence No. | *Class | *Expiry | *Years held

*Was the vehicle being used with the Insured's consent? ☐ Yes ☐ No

If Yes, reason for use? (Business, Private etc)

*If No, please complete Theft details on page 6

*Driver's relationship to Insured

*Does the driver have any medical conditions or disabilities that the DVLA are aware about? ☐ Yes ☐ No

If you answered 'Yes' to this question please specify below.

*Has the driver received any previous motor offences or convictions? ☐ Yes ☐ No

Conviction code | Conviction date D D / M M / Y Y Y Y | Points on licence

*Has the driver had any motor claims in the last 3 years? ☐ Yes ☐ No

If you answered 'Yes' to this question please specify below.

*Does your vehicle have any modifications from standard? ☐ Yes ☐ No

If you answered 'Yes' to this question please specify below.

Section 2 – Incident details

*Date and time of incident D D / M M / Y Y Y Y H H : M M

*Location | Postcode

*Accident: Describe events before, during and after the accident (include number of lanes, speed, parked, reversing etc)

Please provide a sketch of the accident scene and show the vehicle(s) with the following identification:

Your Vehicle = IV Third Party Vehicle(s) = TP1, TP2, TP3 (show registration numbers on the next line)

Checklist: Please show

Street Names	Distances	Lines/ Line markings
Traffic signal/Signs	Position/ direction of your vehicle	Position of other vehicle/ property
Impact point	Position of witness	

TP1 Reg. No. | TP2 Reg. No. | TP3 Reg. No.

Road conditions ☐ Wet ☐ Dry ☐ Sealed ☐ Unsealed ☐ Day ☐ Dusk ☐ Night ☐ Dawn

Describe what the vehicle was being used for at the time

Who do you believe was at fault and why?

Was there any admission of responsibility for the accident? ☐ Yes ☐ No If Yes, give details

What speed were you travelling at before the accident? mph

What speed were you travelling at the point of impact? mph

*Do you have cctv or dashcam footage? ☐ Yes ☐ No ☐ Awaiting info

Email address to provide footage (please provide your personal email address not generic)

Google maps link

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