

Incident Questionnaire

In cases of road accidents only

If your case relates to an injury sustained from an accident, please complete all relevant sections of this report related to the accident.

Failure to return this form to us fully completed and promptly may result in delays in validating your claim.

Name	
Reference Number	
Completed by	

Country:	
Exact date, time and place of incident:	
Brief description of accident circumstances, including sketch plan on separate piece of paper and any photographs.	
Details of your position at time of accident and whether Seatbelt/ Helmet worn.	
Details of all vehicles involved including registration numbers.	
Details of drivers and owners of all vehicles involved.	
Details of insurers of all vehicles involved.	
Please provide copies of any rental agreements and insurance coverage taken out for the vehicles.	
Had you taken out any form of additional or separate insurance and, if so, please provide details.	
Had you been drinking alcohol or taking illegal drugs, if so what and how much?	
Did anyone witness the incident?	
Is anyone or anything to blame for the accident, if so how?	
If relevant, were the police / fire or ambulance service involved, if so please provide full details of the station and officer(s) and copies of a reports.	
Was any party charged with any criminal offence and if so please provide details.	

Signature _____

Printed name _____

Thank you for taking the time to complete these forms. Once we are in receipt of them it will expedite the progress of your case.