iClaims Expert
Accident Management

Motor Claim Form

Accident management intake document

Complete clearly and attach evidence

Photos, dashcam/CCTV, repair estimates, third-party details and witness information where available.

iClaims Reference: _____ **Date Received:** _____

A Important information

The information provided on this form will be used to assess and manage your motor accident claim. It may need to be shared with relevant parties connected to the claim, including insurers, solicitors, repairers, engineers, hire providers, recovery providers and fraud prevention agencies where necessary.

Where you provide information about another person, please make sure you have a lawful reason to do so and draw any relevant privacy information to their attention. Only provide information that is accurate to the best of your knowledge.

B Completing this form

- Answer all relevant questions. Continue on a separate page if needed.
- Return the form as soon as possible. Delays may affect handling of the claim.
- Do not admit liability or respond to third-party correspondence without advice.
- Attach supporting evidence: photos of vehicle damage, accident scene photos, repair estimates, dashcam or CCTV footage and any third-party documents.
- The form should be signed by the policyholder/client or an authorised representative.

1 Client / policyholder details

Client / Insured Name: _____

Policy Number: _____

Correspondence Address: _____

Telephone Number: _____ Email Address: _____

Business / Occupation: _____ VAT Registered? _____

If someone other than the policyholder/client should be contacted about this matter, complete the authorised contact details below.

Contact Name: _____ Position / Title: _____

Contact Telephone: _____ Contact Email: _____

2 Vehicle details

Registration Number:

Make, Model, CC and Colour:

Is the vehicle still in use? ☐ Yes ☐ No

Description of damage:

Where is the vehicle?

Have you obtained a quote for repairs? ☐ Yes ☐ No

Would you like iClaims Expert to arrange a nominated repairer to contact you? ☐ Yes ☐ No

Will you require a replacement / courtesy vehicle during repairs? ☐ Yes ☐ No

Are you the owner of the vehicle? ☐ Yes ☐ No

If no, who is the owner?

3 Driver / person last in charge of vehicle

Please answer all questions. If the vehicle was parked, complete details for the person last in charge of the vehicle.

Name: Date of Birth:

Address:

Occupation: Employer:

UK Test Passed: Licence Number:

Does the driver have:

Any disabilities declarable to DVLA? ☐ Yes ☐ No

Any current or pending convictions? ☐ Yes ☐ No

Any accidents in the past 5 years? ☐ Yes ☐ No

If yes to any above, provide details:

4 Incident details

Date of Incident:

Time of Incident:

Location of Incident:

Purpose of Journey:

Who in your opinion is to blame?

No. of passengers:

Passenger injuries?

If passenger injuries, give names and addresses:

Police attended?

Police Reference:

Ambulance attended?

Injured Party:

Have you received any notice of prosecution? ☐ Yes ☐ No

Was there a third party involved? ☐ Yes ☐ No

If a third party was involved, complete Section 5 below. If not, continue to Section 6.

5 Third party details

Registration No:

Colour/Make/Model:

Third Party Name:

Third Party Address:

Telephone Number:

Email Address:

Policy Number:

Insurer:

Occupants:

Injuries complained of:

If injuries, provide details known:

5 Third party details continued

Description of third party vehicle damage:

Did the third-party vehicle drive away from the scene after exchanging details? ☐ Yes ☐ No

Have you received a notice of claim against you? ☐ Yes ☐ No

6 Witnesses

Witness Name: Telephone Number:

Witness Address: Email Address:

Does your vehicle or the third-party vehicle have dashcam footage? ☐ Yes ☐ No

Is CCTV likely to be available at or near the scene? ☐ Yes ☐ No

For further witness details, use a separate document and attach it to this form.

7 Accident scene diagram

Sketch the accident scene. Show vehicle positions before and after the accident, road layout, direction of travel, signs, lanes, traffic lights and any relevant hazards. Attach photographs or a map if available.

Use this space for sketch / diagram

8 Your version of events

Please describe exactly what happened before, during and after the incident. Include road names, vehicle movements, traffic signals, speeds, weather, damage, injuries and any conversations at the scene.

9 Declaration

I believe that the facts stated in this form are true to the best of my knowledge and belief. I understand that false, inaccurate or misleading information may affect the claim and may be reported to relevant parties where required.

Signature:		Date:	
Name:		Position / Authority:	

Evidence checklist

- ☐ Photos of damage
- ☐ Scene photos / map
- ☐ Repair estimate
- ☐ Third-party details
- ☐ Witness details
- ☐ Dashcam / CCTV