

Free2Move Rent Motor Incident Report Form

CLAIM NO.									
SCHEME				Employee No:					
SCHEME	SCS	HCS	MCS	ECS	PCDR	AME	PSA	PCR	CUK
	☐	☐	☐	☐	☐	☐	☐	☐	☐
VEH REG NO.									
MAKE					ENGINE CC				
MODEL					Mileage				

2. ALLOCATED EMPLOYEE DETAILS (If applicable)

All following sections must be achieved by the allocated employee at the time, even if the vehicle was unattended when the incident took place

Name	Date of Birth	
Home Address	Contact Tel No. E-mail Address. Dealer Telephone Number (If Applicable)	
Post Code		
Dealer Name (If Applicable)		
Dealer Contact Name (If Applicable)		
Dealer Address (If Applicable)		

3. DRIVER DETAILS

All following sections must be completed by the driver at the time, even if the vehicle was unattended when the incident took place

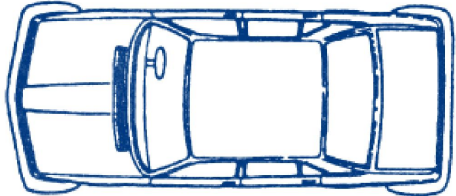
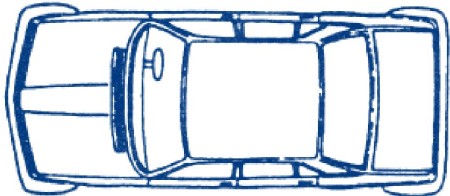
Driver's Name	Date of Birth	
Home Address	Contact Tel No. E-mail Address.	
Post Code		
UK Licence Type? <i>i.e. Full, Overseas</i>	Full	Date / Year Passed Test Gender Male ☐ Female ☐
Do you have any endorsements?		
Capacity in which you were driving?	User: ☐ Additional Driver: ☐ Other (specify)	
Employee No.		

4. DETAILS OF THIRD PARTY VEHICLE(S) OR PROPERTY

If more than one other party (TP) – Give details on separate section – SECTION 10

Third Party Driver's Name	Gender Male ☐ Female ☐	Physical Description / Approx Age
Address	Telephone No.	
Postcode		
Third Party Vehicle REG NO	Vehicle - Make Model Colour	No. of passengers
Passenger details: <i>Gender, age, etc.</i>		
Describe damage to Third Party vehicle &/or other party property		

Third Party Insurance Company's Name, Address & Postcode					
Claim No.		Policy No.		Third Party Insurers Tel. No.	
5. DETAILS OF INCIDENT (ACCIDENT / THEFT / VANDALISM etc)					
INCIDENT DATE	TIME	STREET / ROAD		LOCATION / TOWN	
Please state exact purpose for which vehicle was being used at the time of the incident:					
Journey Start Point:					
Journey Destination:					
Speed Limit Applying (MPH)	Your approx. speed prior to impact?	Approx. speed at impact?	Other party approx. speed prior to impact	Approx. speed at impact?	Road conditions / obstacles
Were lights displayed on <u>your</u> vehicle?				If Yes, which lights?	
Were lights displayed on <u>TP</u> vehicle?				If Yes, which lights?	
Was <u>your</u> vehicle on the correct side of the road?				Other party's vehicle on correct side of road?	

DESCRIPTION	
Please state fully how the incident happened / damage occurred: (use separate sheet if necessary) (If necessary, request a sketch and/or Google Maps image of the location)	
<u>Description of accident</u>	
Your Vehicle  Other Vehicle  Using the arrows above (if completing electronically), position them using the mouse to show the location of accident damaged caused.	
Who in your opinion was to blame and why? Own Fault ☐ Third Party ☐ Both Parties ☐	
Explain why?	
Were any photographs taken at the scene? Yes ☐ No ☐	
Was the BUMP card handed to the Third Party? Yes ☐ No ☐	
Were the police involved? Yes ☐ No ☐ If YES, please complete details in section 6.	
6. PERSONAL INJURY	
COMPANY DRIVER / PASSENGER PERSONAL INJURY (use separate sheet if necessary)	
Co Driver / Passenger name	State nature of injury
Did you attend hospital & / or your GP? Give details	
Do you wish to pursue a claim for your injuries against the other driver/their insurance company? Yes ☐ No ☐	
Name & address of any injured THIRD PARTIES	Nature of THIRD PARTY injuries

7. WITNESS DETAILS			
NB Witnesses should be 16 years of age or older (use separate if necessary)			
Witness Name	Address	Tel No.	Type of Witness?

8. POLICE DETAILS GIVE POLICE DETAILS FOR ACCIDENT & / OR THEFT INCIDENTS

Date Police informed?		Police Station Address	
Name of Police Officer		Police Ref:	
Are Police proceedings pending?		Against whom? Details:	

9. VEHICLE THEFT CASES:

Ensure you notify Fleet Claims if / as soon as you receive any new information.

If vehicle stolen, has it been recovered?		Date recovered	
How / where recovered?			
If recovered, where is vehicle now?			
Were doors closed?		Was the vehicle secured?	

10. DAMAGE TO VEHICLE

Is the Vehicle Damaged?		Describe Damage	
Is the Vehicle Driveable?		Can the vehicle be smart repaired?	Yes ☐ No ☐
Where is vehicle?			

11. DETAILS OF ANOTHER THIRD PARTY VEHICLE(S) OR PROPERTY (If applicable)

Third Party Driver's Name		Gender Male ☐ Female ☐	Physical Description / Approx Age
Address			
Postcode		Telephone No.	
Third Party Vehicle REG NO		Vehicle - Make Model Colour	No. of passengers
Passenger details: Gender, age, etc.			
Describe damage to Third Party vehicle &/or other party property			
Third Party Insurance Company's Name, Address & Postcode			
Claim No.		Policy No.	Third Party Insurers Tel. No.

Motor Incident Damage Report Form

Vehicle Reg / Trailer No.	Date of Incident	Driver Name																																																																																																						
<table border="1"> <tr> <th>Panel / Part</th> <th>Describe Damage</th> </tr> <tr><td>Front</td><td></td></tr> <tr><td>Lights NS</td><td></td></tr> <tr><td>Lights OS</td><td></td></tr> <tr><td>Bumper</td><td></td></tr> <tr><td>Grille</td><td></td></tr> <tr><td>Windscreen</td><td></td></tr> <tr><td>Wipers</td><td></td></tr> <tr><td>Wing Mirror NS</td><td></td></tr> <tr><td>Wing Mirror OS</td><td></td></tr> <tr><td>Number plate</td><td></td></tr> <tr><td>Radiator</td><td></td></tr> <tr><td>Bulkhead</td><td></td></tr> <tr><td>Underside</td><td></td></tr> <tr><td>Other - explain</td><td></td></tr> <tr><td>Sides</td><td></td></tr> <tr><td>Wing NS</td><td></td></tr> </table>	Panel / Part	Describe Damage	Front		Lights NS		Lights OS		Bumper		Grille		Windscreen		Wipers		Wing Mirror NS		Wing Mirror OS		Number plate		Radiator		Bulkhead		Underside		Other - explain		Sides		Wing NS		<table border="1"> <tr> <th>Panel / Part</th> <th>Describe Damage</th> </tr> <tr><td>Rear</td><td></td></tr> <tr><td>Bumper</td><td></td></tr> <tr><td>Door NS</td><td></td></tr> <tr><td>Door OS</td><td></td></tr> <tr><td>Door Glass NS</td><td></td></tr> <tr><td>Door Glass OS</td><td></td></tr> <tr><td>Steps</td><td></td></tr> <tr><td>Mudguard</td><td></td></tr> <tr><td>Lights NS</td><td></td></tr> <tr><td>Lights OS</td><td></td></tr> <tr><td>Fuel Tank</td><td></td></tr> <tr><td>Underside</td><td></td></tr> <tr><td>Exhaust</td><td></td></tr> <tr><td>Roof</td><td></td></tr> <tr><td>Front</td><td></td></tr> <tr><td>Rear</td><td></td></tr> </table>	Panel / Part	Describe Damage	Rear		Bumper		Door NS		Door OS		Door Glass NS		Door Glass OS		Steps		Mudguard		Lights NS		Lights OS		Fuel Tank		Underside		Exhaust		Roof		Front		Rear		<table border="1"> <tr> <th>Panel/Part</th> <th>Describe Damage</th> </tr> <tr><td>Tractor Unit other</td><td></td></tr> <tr><td>Catwalk Steps</td><td></td></tr> <tr><td>Other Steps</td><td></td></tr> <tr><td>Deflectors</td><td></td></tr> <tr><td>Fifth Wheel</td><td></td></tr> <tr><td>Run up Ramps</td><td></td></tr> <tr><td>Rear Axle</td><td></td></tr> <tr><td>Air Filter Tank</td><td></td></tr> <tr><td>A Frame</td><td></td></tr> <tr><td>Air Lines</td><td></td></tr> <tr><td>Electric/Suzie Lines</td><td></td></tr> <tr><td>Trailers</td><td></td></tr> <tr><td>Bulkhead</td><td></td></tr> <tr><td>Front NS</td><td></td></tr> <tr><td>Front OS</td><td></td></tr> <tr><td>Front Centre</td><td></td></tr> </table>	Panel/Part	Describe Damage	Tractor Unit other		Catwalk Steps		Other Steps		Deflectors		Fifth Wheel		Run up Ramps		Rear Axle		Air Filter Tank		A Frame		Air Lines		Electric/Suzie Lines		Trailers		Bulkhead		Front NS		Front OS		Front Centre	
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Door NS		OS		OS	
Door OS		Other - explain		Rear NS	
Sill NS		Mechanical		Rear OS	
Sill OS		Front Axle		Rear Centre	
Rear Quarter NS		Rear Axle		Curtain NS	
Rear Quarter OS		Engine		Curtain OS	
Mouldings NS		Sump		Tail Lift	
Mouldings OS		Gearbox		Rear Roller Shutter	
Side Glass NS		Steering rack		Coupling	
Side Glass OS		Suspension NSF		Landing Leg NS	
Wheel/Tyre NSF		Suspension OSF		Landing Leg OS	
Wheel/Tyre NSR		Suspension NSR		Trailer lights NS	
Wheel/Tyre OSF		Suspension OSR		Trailer lights OS	
Wheel/Tyre OSR		Other - explain		☐ NEAR SIDE ☐ ☐ OFF SIDE REAR FRONT	