

Motor Vehicle Accident Guidance Notes and Report Form

Motor Vehicle Accident Claims

GUIDANCE NOTES

The following notes have been prepared to help you make your claim. We recommend that you read them carefully BEFORE submitting your form OR taking steps to have any repair work done.

ALL POLICYHOLDERS

1. It is a condition of your Policy that you notify us of all accidents.
2. The accident report form should be completed and returned to your broker as soon as possible.
3. The questions should be answered as fully as possible. Do not delay sending in your form if you are unable to provide all the information immediately. These details can be sent to your broker at a later date.

FOR COMPREHENSIVE POLICYHOLDERS

1. The submission of a report form will not always mean that a claim will be recorded under the terms of your policy.
We appreciate that in some circumstances, you will wish to deal with the accident yourself and will not want us to take any action with regard to the repairs to your vehicle or in dealing with any Third Parties. If this is the case, please tick the box on the top left of the claim form. We will then note that your report form is for information purposes only.
2. If you are making a claim for repairs to your vehicle, we would prefer that you use one of our Recommended Repairers. These garages have been carefully selected and will prepare an estimate which will be sent directly to us. Arrangements will be made for repairs to commence as soon as possible.
Once repairs are completed, we will settle the account directly with the garage (less any amount you are required to pay under the terms of your policy).
Our Recommended Repairer Scheme has been designed so that you may also enjoy the following benefits:
 - free valeting of vehicles on completion of repairs.
 - courtesy vehicles subject to availability.Please contact your broker for details of the Recommended Repairers in your area.
3. If you decide not to take advantage of our Recommended Repairer Scheme, we will require two written estimates for our consideration.

If you have any queries please do not hesitate to contact your broker.

Motor Vehicle Accident Report Form

If you do not wish us to handle the claim on your behalf and are completing this form for information purposes only - please tick box.

PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID DELAY IN HANDLING YOUR CLAIM

To assist you in completing this form and preparing your claim please read the notes attached.

PLEASE COMPLETE IN BLOCK CAPITALS

Intact Insurance Channel Islands Limited

PO Box 160,
No. 1, The Plaza,
Elizabeth Avenue,
St. Peter Port,
Guernsey GY1 4EY

PO Box 742,
26/30 Queen Street,
St. Helier,
Jersey
JE2 4WD

Tel: 01481 713322

Tel: 01534 700200

Email: claimsci@intactinsurance.co.uk
www.intactinsuranceci.com

Policy No.

Broker/Agent

Mr/Mrs/Ms/Miss/Other

Name

Postal Address

Postcode

Telephone No. (Home)

Telephone No. (Work)

Email Address

Occupation/Business

Are you GST/VAT registered?

Yes

No

Vehicle details

Make

Model

Registration No.

Year first registered

Value

Engine Capacity

Chassis No.

Give details of any trailer and/or loose container

Is the vehicle, trailer or container owned by the policyholder?

Yes

No

If 'NO', give details of owner e.g. hire purchase company or finance company

Are there any modifications made to the vehicle?

Yes

No

If 'YES', please provide details of modifications

Particulars of driver/use

Mr/Mrs/Ms/Miss/Other

Name

Postal Address

Postcode

Age (years)

Date passed CI/UK driving test

Type of licence held

Full

Provisional

Heavy goods

Permitted groups

If licence issued outside Channel Islands, Great Britain or Northern Ireland, state how long held (years)

Was the vehicle being used on policyholders order or with permission?

Yes

No

For what purpose was the vehicle being used? Social, Domestic & Pleasure

Commuting

Business

If the driver is not a policyholder give details of relationship. e.g. employee, family, relation, friend?

Has driver:

a) Been convicted of any driving/motoring offence within the last 5 years or is prosecution pending? Yes

No

If 'YES', please give details

b) Been involved in an accident during the last 5 years? Yes

Yes

No

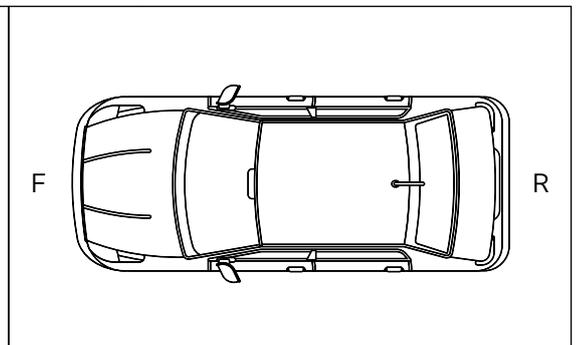
If 'YES', please give details

If private car, who is the main user?

Details of damage to policyholder's vehicle

Damage

Point of impact: Mark xxxxxx



(If we cover the damage to your car, our **Recommended Repairer Scheme** offers the advantage of guaranteed repairs. Please ask your insurance broker about the most suitable repairer for your particular vehicle).

Is your vehicle still in use?

Yes

No

Do you wish to claim for damage to your vehicle (if covered) under this policy?

Yes

No

Where may our engineer inspect the vehicle?

Sketch

Please make a rough sketch showing road widths, traffic lights, signs, warnings etc., where appropriate, indicate direction of vehicle with an arrow.

Circumstances of accident

Date Time

Place: Street or Road

Parish/Town Country Speed

Were the Police called? Yes No

If 'YES', give details of Police Station concerned and any references provided

Give details of what happened, including road conditions at the time

Were your headlights on? Yes No

Who do you consider at fault? Self Other Both

Witnesses

Give name and address of any independent witness

Mr/Mrs/Ms/Miss/Other

Name

Postal Address

Postcode

Telephone No.

Email

Is the witness known to you?

Yes

No

Was the witness a passenger in your vehicle?

Yes

No

Is there any CCTV or dashcam footage available?

Yes

No

If there were any more witnesses, please note the details of these in the "Additional Information" box below

Additional Information

Particulars of other parties involved and/or property damage

Name and address of owner and, if applicable, driver

1 Mr/Mrs/Ms/Miss/Other

Owner name

Postal Address

Postcode

2 Mr/Mrs/Ms/Miss/Other

Driver name

Postal Address

Postcode

Registration No.

Insurer's name

Policy No.

Apparent damage

Details of persons injured

Was anyone injured? If **YES**, please tick one of the following and give details below

Insured

Third Party

Passenger

Pedestrian

Cyclist

Mr/Mrs/Ms/Miss/Other

Name

Postal Address

Postcode

Nature of injury

Were the injured parties wearing seat belts?

Yes

No

Were the injured parties employed by you?

Yes

No

NOTICE

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

DECLARATION

I/We understand that you may ask for information from other insurers to check the answers I/we have provided. All communications relating to the accident must be forwarded immediately unanswered to your broker.

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief.

Signature of Insured

Date

www.intactinsuranceci.com

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