



# Access Underwriting

## MOTORCYCLE ACCIDENT CLAIM FORM

Insurer:

Broker:		Policy Number	
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<b>INSURED:</b>		Date of Birth	
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Address		Tel. No. Home	
		Tel. No. Work	
		Tel. No. Mobile	
Post Code		E-Mail	

Occupation:	
Full & Part Time	

Date of Passing UK Motorcycle Test	/ /	Licence No	
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Do you have any driving convictions?	YES / NO	If Yes please give details below:
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Date of offence	Conviction code/offence details	Penalty imposed

Do you have any physical disabilities?	YES / NO	If Yes please give details below:
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Have you been involved in any accidents or claims in the last 3 years	YES / NO	If Yes please give details:
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### VEHICLE INVOLVED IN ACCIDENT

<b>DETAILS:</b>	Make		Model	
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C.C.		Year of Make		Regn. No.	
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Date of purchase		Price paid		Present value	
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Modifications and or Accessories (including cosmetic alterations and paintwork)	

Speedo Reading	MI/km	Expiry date of a) Vehicle Licence		b) MOT	
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Nature of Damage	

Is the vehicle still in use? If NO, where is it at present?	

Garage Name and Address	

Name and Address of Hire Purchase Company (if any)	

If your vehicle is not at a repairers, and your policy covers you for the damage to your vehicle, please contact Access Bike Care our approved repairer service on 08702 410435 to arrange estimates and repairs. Alternatively please attach two estimates for repair of the damage sustained

**USE OF VEHICLE**

Purpose of journey			
Main User			
Was it in connection with your occupation?			
Were any goods or tools of trade being carried?			YES / NO

**OTHER PERSONS INVOLVED IN ACCIDENT**

Please give names and addresses of other persons involved			
	(a)	(b)	(c)
Name			
Address			
Vehicle (Type & Reg. No.)			
Insurers			
Policy/Certificate No.			
Damage Details			

**PERSONS INJURED – PILLION PASSENGER – THIRD PARTIES**

Please give details of persons injured and specify status e.g. pillion passenger, third party			
	(a)	(b)	(c)
Name			
Status			
Address			
Approximate Age			
Nature of Injuries			
Detained in Hospital?			

**WITNESSES**

Please give name and address of pillion passenger			
Please give names and addresses of independent witnesses			
(a)			
(b)			
(c)			

**ACCIDENT DETAILS**

Date		Time (a.m./p.m.)		Speed of vehicles	
State of Road				Speed limit	
Place	Street		Town		
Position in road				Weather	
Any other road signs?					
Did the Police take details?					YES / NO
Did you give a written statement?					YES / NO
Have you been advised of any warning of prosecution					YES / NO
Police Officers name and number					
Name and Address of Police Station					
<b>IMPORTANT</b> If a summons is subsequently received, this must be passed to us immediately, via your insurance adviser and under no circumstances should a plea be entered without our prior knowledge. All third party correspondence should be passed, unanswered to your insurance adviser immediately.					

