

In the event of an accident

- Please do not admit liability or discuss blame with the other party.
- You must ensure that you record all of the information requested on the Scene of Accident Form. This will help our insurer deal with the accident quickly.
- The law requires you to stop if there is injury or damage to any person, vehicles or property including certain animals such as dogs and horses.
- You are required to provide your name and address together with the name and address of the owners of the vehicle and the registration number to anybody with reasonable grounds for wanting the information.
- If anybody is injured, you should produce your Certificate of Insurance. If you cannot do this at the accident scene, you must produce it at a police station within 24 hours.
- Record details of the accident damage (and any unrelated existing damage) to all vehicles involved and any other property damage.
- Record positions of the vehicles after the accident and any skid marks.
- If it is safe to record this information by using a camera in your mobile phone (or other photographic device) it may assist us with our enquiries. If you suspect that the other driver may be uninsured, that the vehicle is stolen or the accident may have been set up, please also photograph the driver of the other vehicle if it is safe to do so.
- Record the name, number and station of the attending police officers.

Please complete this form fully and hand Sheet 1 to the other party involved.

**Please then arrange for completed Sheet 2 to be sent to QBE's Claims Department immediately at:
Claims Department, 3 Temple Back East, Bristol, BS1 6DZ.**

Should you be in any doubt about what you need to do, please contact your agent as quickly as possible.

Please also tell us:

Your contact email address, contact name and telephone number for any early contact that we need to make:

1572/STAFFORD/SOAF/MAR2014

QBE European Operations is a trading name of QBE Insurance (Europe) Limited and QBE Underwriting Limited, both of which are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.



Scene of accident information form

To be completed by the driver of the insured vehicle and handed to the other parties involved

Policy holder

Policy number

Driver name

Policy holder
address

Vehicle make

Registration
number

Date of incident

Time of incident

Location of
incident

Our motor insurers are:

**QBE Insurance (Europe) Limited,
Claims Department, 3 Temple Back East, Bristol, BS1 6DZ**

If you consider that you have a valid claim against the driver of this vehicle, please telephone QBE immediately on

Freephone 0800 389 1708

Please quote the policy number above and full details of this incident.

Please also read the important information shown overleaf.



Important information for all other parties involved in this incident with our driver

How can we help you?

You have a common law duty to ensure that you keep your expenses and losses to a minimum.

The information below is intended to assist where our insurers agree that the driver of our vehicle was entirely to blame for the incident.

You can call freephone number 0800 389 1708

to discuss the circumstances of the incident so that our insurers can consider the appropriate measures to compensate you where our driver is considered to be partly or fully to blame.

Our insurer's offer will be to:

- Assist you in dealing with repairs to your vehicle, providing a repair guarantee.
- Arrange collection of your vehicle and re-delivery after repair, as necessary.
- Pay the market value and dispose of the salvage if your vehicle is damaged beyond economical repair.
- Provide a replacement vehicle at their expense. They will tell you the cost involved so that you can compare the cost with other replacement vehicle providers that you may be considering.

Please phone our insurers now on 0800 389 1708 to discuss your claim.

If you are unsure of the action to take you may wish to consult your legal or insurance advisers for advice.

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Scene of accident information form

To be completed and retained by the driver of the insured vehicle for submission to QBE immediately by the policyholder or agent

Policy holder	<input type="text"/>	Policy no.	<input type="text"/>
Driver name and address	<input type="text"/>		
Date of birth	<input type="text"/>	Date passed test	<input type="text"/>
Vehicle make	<input type="text"/>	Registration no.	<input type="text"/>
Date of incident	<input type="text"/>	Time of incident	<input type="text"/>
Incident location	<input type="text"/>		
What happened in the incident? (Please attach any photographs taken)	<input type="text"/>		
	Yes	No	
Were you fully to blame?	<input type="checkbox"/>	<input type="checkbox"/>	
Name/address of other party	<input type="text"/>		
Phone:	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>
Vehicle make and model	<input type="text"/>	Registration no.	<input type="text"/>
No. of passengers	<input type="text"/>	Injury details	<input type="text"/>
Witness names and addresses	<input type="text"/>		
Name and address of motor insurers	<input type="text"/>		
Policy no.	<input type="text"/>		
	Yes	No	
Was scene of accident form handed to the other party?	<input type="checkbox"/>	<input type="checkbox"/>	

