

Insurance & Risk Management Dept., Ty Penallta, Tredomen Park, Ystrad Mynach Hengoed CF82 7PG Tel: 01443 815588

MOTOR INCIDENT THIRD PARTY REPORT FORM

YOUR DETAILS	Name:Occupation:Address:	
YOUR VEHICLE	Make & Model: Reg. No: Colour of Vehicle: Insurance Company: Policy No: Please Give Details of Damage, together with two repair estimates:	INDICATE ANGLE OF DAMAGE AND AREA OF IMPACT
	Is your Vehicle still in use:YES/NO. Have you Authorised Repairs: YES/NO If Yes Please forward Invoice Location of Vehicle:	
CCBC VEHICLE	Name of Driver: Make of Vehicle: Model: Registration No: Fleet No. or Hire Co:	
ACCIDENT DETAILS	Date:Time: Street/Road:Town: Your Speed: Weather Conditions If Police were in attendance: Name of Officer: No. of Officer: Station:	
INJURIES SUSTAINED	Did you receive Medical Attention: YES/NO Did Ambulance Attend: YES/NO Name of Hospital or GP: Did any Passenger in your vehicle receive Medical attention: YES/NO if yes please provide name and address: Name: Address: Name: Address: Name: Address:	

	NAME ADDRESS		
WITNESSES	1:		
(Please state if	2:		
Passenger)	3:		
	Please provide full Description of Accident:		
DESCRIPTION OF			
ACCIDENT	Please provide Details of any Damaged Property (Include 2 Estimates)		
	Please Draw a Sketch of Accident Scene or Provide Photographs:		
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SKETCH PLAN			
OF ACCIDENT			
SCENE			
Please give your Reasons why you consider the Council responsible:			
	ation on this form, and subsequently provided, being processed and supplied to Insurers, ers from time to time appointed in order that this claim can be dealt with in accordance with		
current Civil Litigation pro	ocedures, the General conduct of this Claim and with a view to combating Fraud.		
ALL CLAIMS ARE S	SCREENED USING A FRAUD DATABASE & FRAUDULENT CLAIMS ARE ALWAYS RIGOROUSLY PURSUED		
I/Wo Doologo that the many			
I/We Declare that the particulars given on this Form are True and Complete. You are generally entitled to be informed of the information the Council holds about you as an individual. If you wish to			
make a request to view you CF82 7SF	rr Data please refer to the Data Protection Officer, Ystrad Fawr, Ystrad Mynach, Hengoed		
510 2 /51			
Signature:	Date		