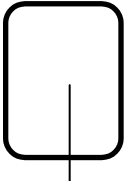




Insurance & Risk Management Dept.,
 Ty Penallta,
 Tredomen Park,
 Ystrad Mynach
 Hengoed CF82 7PG
 Tel: 01443 815588

MOTOR INCIDENT THIRD PARTY REPORT FORM

YOUR DETAILS	Name: _____ Occupation: _____ Address: _____ _____ _____ Tel.No: _____ Post Code: _____ Date of Birth: _____ National Insurance Number: _____	
YOUR VEHICLE	Make & Model: _____ Reg. No: _____ Colour of Vehicle: _____ Insurance Company: _____ Policy No: _____ Please Give Details of Damage, together with two repair estimates: _____ _____ _____ Is your Vehicle still in use: YES/NO. Have you Authorised Repairs: YES/NO If Yes Please forward Invoice Location of Vehicle: _____	INDICATE ANGLE OF DAMAGE AND AREA OF IMPACT 
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: _____	

