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Motor Accident Report Form

YOUR PERSONAL AND INSURANCE DETAILS

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Telephone: (Home): _____ (Mobile): _____ (Work) : _____

E-mail: _____

Insurance Broker Name: _____

Insurance Company Name: _____

Policy Number: _____

Policy Cover: COMP / TPFT / TPO (Please delete appropriately)

YOUR VEHICLE DETAILS

Vehicle: (Make): _____

Model: _____

Vehicle Registration: _____

REPLACEMENT VEHICLE

Is your vehicle driveable: YES / NO (Please delete appropriately)

Will you require a replacement vehicle: YES / NO (Please delete appropriately)

PERSONAL INJURY

Did you or your passengers suffer any injuries? : YES / NO (Please delete appropriately)

Details of injured occupants ;

1. Full Name: _____

Telephone: _____

2. Full Name: _____

Telephone: _____

3. Full Name: _____

Telephone: _____

