



Driver Post Collision Report Form

You should complete this form back at base within a recommended maximum of 24 hours from the collision.

Incident ref (office use only)	
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Date and time of incident	
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Name	
Address	
Phone number	
email	

Driver statement
Provide a description and preferably a sketch or photographs of the collision

At the time of collision, were you wearing a seatbelt?			
Yes - Worn	<input type="checkbox"/>	No - Not exempt	<input type="checkbox"/>
No - Exempt	<input type="checkbox"/>	Not applicable/available	<input type="checkbox"/>

Weather

Describe conditions at the time of the collision e.g. rain, hail, fog etc etc

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Details of your vehicle

Vehicle registration

Vehicle damage - provide a description/sketch/pictures of the damage to your vehicle

Third party details

Injuries (please tick)

Fatal

Slight

Not Applicable

Serious

None

Vehicle/road user type: eg pedestrian, car, bus, van, tram,
artic lorry, rigid lorry etc

Provide a description/sketch/pictures of the damage to third party vehicles

Driver declaration

I understand this report form and supporting evidence and statements will form the basis by which the company and its insurers will pursue or defend any claim. I therefore declare that all information provided is true and accurate to the best of my knowledge and belief

Signature

Name

Date