



Witness questionnaire

Premier Claims Service
Kingsway House
Burnley
BB11 1BJ

Our Reference _____
Our Insured _____
Our Vehicle _____

Tel: 0800 923 4222
Email: PremierClaimService@innovation.group

PLEASE ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE

Statement of _____

Address _____

Postcode _____

Date of Birth _____ Daytime Tel _____ Mobile _____

Do you know anyone involved in the accident? YES NO

If yes, who? _____ Relationship _____

Did you see the accident? YES NO Date of Accident _____

Time of accident _____ Location of accident _____

The vehicles concerned were:

Reg. No. _____ Make _____ Model _____ Colour _____ Driven by _____

Reg. No. _____ Make _____ Model _____ Colour _____ Driven by _____

Was our insured's vehicle on the correct side of the road? YES NO

Was the other vehicle on the correct side of the road? YES NO

Indicate speed of: Our insured's vehicle _____ The other vehicle _____

Did either party give warning? YES NO

If yes, who? _____ and how? (lights, horn, etc) _____

Were all parties sober? YES NO If not, who? _____

Please describe at the time of accident:

The road condition _____ The weather _____ The visibility _____

Please describe the lights (if any) displayed by all parties:

Our insured: **Lights** Head Side **Indicator** Left Right

Other party: **Lights** Head Side **Indicator** Left Right

Did either party fail to observe road signs? YES NO If yes, who? _____

Please give names/addresses of other witnesses if applicable

In your opinion, who was to blame? _____

Please give details of any statements of liability given by anyone _____

DESCRIPTION OF ACCIDENT

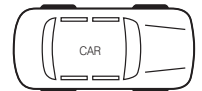
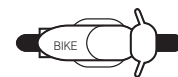
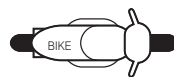
Explanatory Sketch

Please indicate the insured and all other vehicles involved by their registration numbers

Indicate

1. The layout of the road
2. The direction of the vehicles
3. Their position at the time of the impact
4. The road signs

Please draw a sketch plan of the accident clearly indicating your location at the time of the impact



Indicate by an arrow the point of initial impact on the insured vehicle

Indicate by an arrow the point of initial impact on the other vehicle

TO BE COMPLETED FOR ACCIDENTS INVOLVING PEDESTRIANS

Did the pedestrian use a recognised crossing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, was it controlled by lights? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, did the pedestrian heed the lights? YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the pedestrian running?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Did the pedestrian look in our insured's direction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
What colour clothing was the pedestrian wearing? _____			
Have you additional comments to make? _____			

Notice: Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers

DECLARATION

I/We consent to my name and address and the fact that I am a witness to this incident being supplied to IDS Ltd and ABI so that it can be made available to other participating insurers investigating notified incidents which may or may not give rise to a claim. I/We also agree that, in response to any searches you may make in connection with this incident, IDS Ltd and ABI may supply information it has received from other insurers about other incidents I/we have notified or witnessed. However, this information will not be disclosed to any insurer whom I/we may apply for insurance.

Signed _____ Date _____