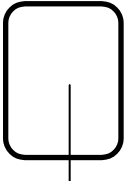




Insurance & Risk Management Dept.,  
 Ty Penallta,  
 Tredomen Park,  
 Ystrad Mynach  
 Hengoed CF82 7PG  
 Tel: 01443 815588

## MOTOR INCIDENT THIRD PARTY REPORT FORM

<b>YOUR DETAILS</b>	Name: _____ Occupation: _____ Address: _____ _____ _____ Tel.No: _____ Post Code: _____ Date of Birth: _____ National Insurance Number: _____	
<b>YOUR VEHICLE</b>	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: _____	<b>INDICATE          ANGLE OF          DAMAGE AND          AREA OF          IMPACT</b>  
<b>CCBC VEHICLE</b>	Name of Driver: _____ Make of Vehicle: _____ Model: _____ Registration No: _____ Fleet No. or Hire Co: _____	
<b>ACCIDENT DETAILS</b>	Date: _____ Time: _____ Street/Road: _____ Town: _____ Your Speed: _____ Weather Conditions _____ If Police were in attendance: Name of Officer: _____ No. of Officer: _____ Station: _____	
<b>INJURIES SUSTAINED</b>	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: _____	

<p><b>WITNESSES</b> (Please state if Passenger)</p>	<table border="0"> <tr> <td style="text-align: center;"><u>NAME</u></td> <td style="text-align: center;"><u>ADDRESS</u></td> </tr> <tr> <td>1: _____</td> <td>_____</td> </tr> <tr> <td>2: _____</td> <td>_____</td> </tr> <tr> <td>3: _____</td> <td>_____</td> </tr> </table>	<u>NAME</u>	<u>ADDRESS</u>	1: _____	_____	2: _____	_____	3: _____	_____
<u>NAME</u>	<u>ADDRESS</u>								
1: _____	_____								
2: _____	_____								
3: _____	_____								
<p><b>DESCRIPTION OF ACCIDENT</b></p>	<p style="text-align: center;"><b>Please provide full Description of Accident:</b></p>    <p style="text-align: center;"><b>Please provide Details of any Damaged Property (Include 2 Estimates)</b></p>								
<p><b>SKETCH PLAN OF ACCIDENT SCENE</b></p>	<p style="text-align: center;"><b>Please Draw a Sketch of Accident Scene or Provide Photographs:</b></p>								
<p style="text-align: center;"><b>Please give your Reasons why you consider the Council responsible:</b></p>									
<p>I/We consent to the information on this form, and subsequently provided, being processed and supplied to Insurers, Claims handlers and lawyers from time to time appointed in order that this claim can be dealt with in accordance with current Civil Litigation procedures, the General conduct of this Claim and with a view to combating Fraud.  <b>ALL CLAIMS ARE SCREENED USING A FRAUD DATABASE &amp; FRAUDULENT CLAIMS ARE ALWAYS RIGOROUSLY PURSUED</b></p> <p>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 your Data please refer to the Data Protection Officer, Ystrad Fawr, Ystrad Mynach, Hengoed CF82 7SF</p> <p>Signature: _____ Date _____</p>									