Accident report form involving school vehicles

**Email report form within 5 working days to** **insurance@ealing.gov.uk**020 8825 8816 or 020 8825 8378

**More information** [Motor insurance procedure for school vehicle incident | Ealing Grid for Learning (egfl.org.uk)](https://www.egfl.org.uk/facilities/buildings-and-assets/insurance/motor-insurance-procedure-school-vehicle-incident)

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| **Full name of the driver of vehicle for Ealing Council school** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. |
| **Home address** | Click or tap here to enter text. |
| **Contact number** | Click or tap here to enter text. |
| **Department/Section driver works in** | Click or tap here to enter text. |
| **Occupation** | Click or tap here to enter text. |
| **Work address** | Click or tap here to enter text. |
| **Type of licence and how long held** | Click or tap here to enter text. |
| **Is the driver an employee** | [ ] Yes [ ]  No |
| **Has the driver been involved in an accident in the past 3 years or been convicted of a driving/ motoring offence (or has a prosecution pending) within the past 5 years?** | [ ] Yes [ ] No If yes please give details:Click or tap here to enter text. |
| **Manager’s name** | Click or tap here to enter text. |
| **Contact number** | Click or tap here to enter text. |

## Vehicle

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| **Make and model of vehicle** | Click or tap here to enter text. |
| **Engine size (cc)** | Click or tap here to enter text. |
| **Vehicle registration number** | Click or tap here to enter text. |
| **Is the vehicle hired or leased? If relevant provide name and address of owner** | Click or tap here to enter text. |
| **If this vehicle is a replacement for another vehicle, please give the registration number of the previous vehicle** | Click or tap here to enter text. |
| **For what purpose was the vehicle being used at the time of the accident?** | Click or tap here to enter text. |
| **Details of damage** | Click or tap here to enter text. |
| **Cost of repairs** **Attach quote where relevant** | Click or tap here to enter text. |
| **Where may Engineer inspect vehicle?** | Click or tap here to enter text. |
| **Contact name and phone number for inspection of vehicle** | Click or tap here to enter text. |

## Witnesses to accident:

|  |  |
| --- | --- |
| **Name of witness 1** | Click or tap here to enter text. |
| **Full address of witness 1** | Click or tap here to enter text. |
| **State if passenger, and in which vehicle** | Click or tap here to enter text. |
| **Name and address of witness 2** | Click or tap here to enter text. |
| **Full address of witness 2** | Click or tap here to enter text. |
| **State if passenger, and in which vehicle** | Click or tap here to enter text. |
| **Name and address of witness 3** | Click or tap here to enter text. |
| **Full address of witness 3**  | Click or tap here to enter text. |
| **State if passenger, and in which vehicle** | Click or tap here to enter text. |

## Accident details

|  |  |
| --- | --- |
| **Date** | Click or tap here to enter text. |
| **Time of accident** | Click or tap here to enter text. |
| **Location of accident** | Click or tap here to enter text. |
| **Weather conditions** | Click or tap here to enter text. |
| **Road conditions** | Click or tap here to enter text. |
| **Speed of your vehicle** | Click or tap here to enter text. |
| **Speed limit for the road** | Click or tap here to enter text. |
| **What lights were in use?** | Click or tap here to enter text. |
| **What warning lights/sirens were in use?** | Click or tap here to enter text. |

## Accident details

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| **Full description of the accident** |
| Click or tap here to enter text. |
| **Sketch of the accident** |
| Click or tap here to enter text. |

## Police

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| --- | --- |
| **Were the police informed?** | Click or tap here to enter text. |
| **Did they attend?** | [ ] Yes [ ] No |
| **If yes, please give details including officer’s name and station** | Click or tap here to enter text. |

## Other vehicle/property details

|  |  |
| --- | --- |
| **Make/model of vehicle and registration number** | Click or tap here to enter text. |
| **Name and address of owner** | Click or tap here to enter text. |
| **Name and address of driver** | Click or tap here to enter text. |
| **Number/details of persons in the other vehicle including the driver (men/women?)** | Click or tap here to enter text. |
| **Details of damage to another vehicle** | Click or tap here to enter text. |
| **Details of allegations of injury by third party at time of the incident** | Click or tap here to enter text. |
| **Insurance company details** | Click or tap here to enter text. |

## Ealing Council school employee details

|  |  |
| --- | --- |
| **Name of driver (please print)** | Click or tap here to enter text. |
| **Signature of driver** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |
| **Name of manager (please print)** | Click or tap here to enter text. |
| **Signature of manager** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

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**Office information only**

Policy holder: Ealing Council, Perceval House, Ealing W5 2HL Telephone number: 020 8825 9365 or 020 8825 8378 (Insurance Section) Policy number: QLA-01E002-0023-59 Zurich Municipal