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| **MOTOR ACCIDENT REPORT FORM** |

The member of staff involved in the motor accident should complete this Accident Report Form. It must be completed as comprehensively and as soon as possible after the accident.

Once completed it should be sent to the Campus Services Supervisor, Mark White, and then forwarded on to the University’s Insurance Officer.

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| **DETAILS OF UNIVERSITY VEHICLE DRIVER** |
| Name: | Job Title: |
| Date of Birth: | Nightshift/Dayshift: |
| Home Address & Postcode: |
| Telephone number: | Type of licence held (Full/Provisional): |
| Date passed driving test: | Permitted groups: |
| **CONVICTIONS** |
| Has the driver been convicted of any driving or motoring offence in last 5 years or any prosecution? If yes, please give full details. |
| Has the driver been involved in an accident during the last 5 years? If yes, please give full details. |
| **UNIVERSITY VEHICLE & USE** |
| Make of Vehicle: | Year First Registered: |
| Model of Vehicle: | Engine capacity: |
| Registration No of Vehicle: | Name of the lease company if the vehicle is not owned by the University: |
| Details of any trailer or loose container owned by the University or other: | If other, please advise: |
| For what purpose was the vehicle being used: |
| **DETAILS OF THE INCIDENT** |
| Date of Incident: | Time of Incident: |
| Location of the Incident: |
| Speed of University Vehicle: | Weather conditions: |
| Who was responsible for the accident? |
| Give a detailed account of what happened: |
| Names and contact details of any independent witnesses: |
| Draw a sketch of what happened. Indicate with an arrow the direction of the vehicle. |
| **DETAILS OF DAMAGE TO THE UNIVERSITY VEHICLE****\*\* IF POSSIBLE, PLEASE ATTACH PHOTOGRAPHS OF THE DAMAGE\*\*** |
| Damage to University vehicle: |
| Indication of point of impact on vehicle: |
| Is the vehicle still in use? | Have you authorised repairs? |
| Where may the Insurance engineer inspect the vehicle? |
| **PARTICULARS OF OTHER PARTIES INVOLVED AND PROPERTY DAMAGED****\*\*IF POSSIBLE, PLEASE ATTACH PHOTOGRAPHS OF DAMAGE\*\*** |
| Name, address of owners and, if appropriate, driver: |
| Make, model and registration no of vehicle: |
| Insurers name, address and policy no: |
| Apparent damage to other parties vehicle: |

Signed: Dated:

**We are requesting this information from you to manage any potential claims. For the same purpose we may provide this information about you to the University’s Insurers to manage any claims. The processing of this data is necessary for the performance of a contract between the University and the employee (Article 6 (1) 9b).**

**Please note that the University of Worcester is the Data Controller and details of how we process your data including how long we retain it and your rights are detailed on** [**https://www.worcester.ac.uk/informationassurance/staff-privacy-notice.html**](https://www.worcester.ac.uk/informationassurance/staff-privacy-notice.html)