

Millins SDH Horsebox Accident Report Form June 2017

You will have already supplied details about your own driving history and contact information in the pre-hire driver assessment process – the pre-hire details will be shared with us for the purpose of handling this accident report. All accidents are different and whilst some of these Qs may not seem relevant to the particular circumstances of your accident, we’d be very grateful if all Qs could be answered fully. The purpose of this form is to gather additional details to facilitate the reporting and handling of the accident and ultimately to process an insurance claim, which can sometimes include recovery of costs from the other party/s involved.

Please Do

- Contact the firm that hired the horsebox to you
- You must STOP at the scene of the accident, do not drive away until you have exchanged details with the other party/s involved.
- Take photographs of the accident scene, including the relative positions of all vehicles involved, road signs and road markings. Photos should include the vehicle registration numbers and the extent of the damage incurred
- Exchange contact information with the other party/s involved
- If the horsebox is driveable, return it to the hire firm
- If the horsebox is not driveable call LV on 0800 028 9655 and give them the horsebox’s registration number (if there are horses on board please appreciate that Horsebox Motor Insurance does not pay for the recovery of horses and most Horsebox BREAKDOWN providers charge for the recovery of horses as a result of an ACCIDENT. Please contact the firm that hired the horsebox to you for advice. When an accident is not your fault, sometimes it may be possible to recover the cost of horse recovery from the responsible other party)
- If someone has been injured and you did not give your details at the scene, report the incident to the police within 24 hours.

Please Do Not

- Admit fault, even if you think the accident was in fact your fault

Name of Hire Firm	
Name of Driver	
Horsebox Reg. No.	
Date of Accident	
Time of Accident	
Daylight Conditions	
Weather Conditions	
Exact Location of Accident Site	

Precise Reason for the journey							
Please name your passengers	<table border="0"> <tr> <td>Name</td> <td>Relationship to you</td> </tr> <tr> <td>Name</td> <td>Relationship to you</td> </tr> <tr> <td>Name</td> <td>Relationship to you</td> </tr> </table>	Name	Relationship to you	Name	Relationship to you	Name	Relationship to you
Name	Relationship to you						
Name	Relationship to you						
Name	Relationship to you						
Extent of your passenger/s injuries?							
Please describe how the accident happened, please sketch a plan if it helps							
Did the police attend? (if so, please provide police contact details)							
Extent of Damage to the horsebox							
Where is the horsebox now?							
Who do you think was at fault?							
Were there any independent witnesses (i.e. other than passengers)? If so, please provide their names and contact details							
Other Vehicle / People Involved							
Name of Driver							
Registration Number							
Description of Vehicle							
Description of Damage							
How many passengers did they have (please describe them if you can)							
Extent of passenger/s injuries?							
Their Contact details							
Did they admit fault?							

Thank you for taking the time to complete this form, it's much appreciated. In case we need to ask you a few more Qs, or should LV need to contact you, please could you provide :-

Driver's Preferred Contact Phone Number	
Driver's Preferred Email Address	
Driver's Postal Address	
<p>I confirm that the details I have given are true and complete to the best of my knowledge. I understand and agree that the details I have supplied in this form are to be used by Millins, the firm I have hired the horsebox from and LV to handle this claim and that the details will be passed on to other relevant agencies for this purpose, including fraud prevention. I have read the below Information Exchange Notice and Data Protection Notification. I note that I should declare this accident when arranging future motor insurance</p>	
Driver's Signature	
Date of Signing	

Information Exchange Notice

Insurers pass information to the Claims and Underwriting Exchange Register and the Motor Insurance Anti-fraud and Theft Register run by Insurance Database Services Ltd.(IDS Ltd). The aim is to help us check information provided and also prevent fraudulent claims. We may pass information related to this incident to the registers.

Data Protection Notification

We may use the personal and business details you give us, or which are supplied by third parties, to consider your claim, search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we may consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law.

We will store personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them. Telephone calls may be recorded for our mutual protection, training and monitoring purposes.