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Road Accident Questionnaire
The Accident

1. Date of accident:
2. Time of accident:
3. Place of accident:
4. Traffic conditions, weather and lighting:
5. Please give a full description of how the accident occurred including all events leading up to the accident itself. It will be helpful to include a sketch showing position of cars, witnesses, etc and photographs of the accident site if you have any.

6. You and your passengers

Where were you sitting in the vehicle?
Were you wearing a safety belt? Yes/No
If not, why not?
Names and position in car of any passengers?
Where you driving? YES/NO
If so:

- (a) Have you got any current motoring insurance? YES/NO - if so please give details:
 - (i) name of company insuring you:
 - (ii) certificate number:
 - (iii) extent of cover:
 - (iv) any excess:
- (b) Do you have any previous convictions or endorsements? YES/NO
Please give details:

7. **Other parties**

(a) Name and address of driver responsible for the accident:

(b) Name and address of driver's insurers and policy number if known:

(c) Name and address of owner of vehicle responsible for the accident (if different):

(d) Registration number, make and insurers of vehicle responsible for the accident:

8. **Witnesses**

Please give the names and addresses of any witnesses to the accident and any means of contacting them. Do you know if they are going to be in your favour?

9. **Police**

Were the police called? YES/NO

If so please give the names, numbers and police station of the police called.

Have you received any notice of intended prosecution either of yourself or the other driver?

10. How did you and any other parties react after the accident? In particular did you or they make any admissions to each other or to the police?

11. **Your vehicle details**

- (a) Registration number of the vehicle:
- (b) Make of vehicle:
- (c) Insurers:
- (d) Extent of damage:
- (e) Estimated cost of repair, etc:
- (f) Hire charges:
- (g) Where your vehicle is stored and where it can be examined:
- (h) Storage charges: