

DRIVER'S ACCIDENT SUMMARY

IMPORTANT In accordance with the new whiplash reforms taking effect from 31st May 2021, each and every disclosure of the driver's version of events, must also be supported by a statement of truth. Failure by us, as your insurers to provide this information including the statement of truth within 30 days of the claim being submitted will be deemed as admission of liability and negate any potential to deny liability in part or in full. Please ensure that this form is completed by the driver and returned to Protector Insurance within 15 days of the date of the claim being submitted

Policyholder Details

Policy Number	
Claim No. (if registered)	PRO-
Policyholder's Name	
Driver's Name	

Company Vehicle Details:

Registration No		Make		Model	
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Accident Details

Date of accident:		Time of accident:	
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Location (Road & Town)			
Weather Conditions	<input type="checkbox"/> Clear / <input type="checkbox"/> Cloudy / <input type="checkbox"/> Foggy / <input type="checkbox"/> Raining / <input type="checkbox"/> Snow / <input type="checkbox"/> Ice / <input type="checkbox"/> Sunny / <input type="checkbox"/> Wet		
Condition of Road	<input type="checkbox"/> Good / <input type="checkbox"/> Average / <input type="checkbox"/> Poor		
Speed of Policyholder's Vehicle			
Number of occupants in policyholder's vehicle			
Number of occupants in the third-party vehicle			
Any injuries reported at the scene of the incident?			
Did the police or ambulance attend?			

Driver's Accident Description

Please explain fully and clearly what happened. Do you consider the other party was to blame? If so, how?

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COMPANY INFORMATION:

Protector Insurance is the UK permanent establishment of an overseas Public Limited Company. We are a Prudential Regulation Authority and Financial Conduct Authority EEA authorised firm, FCA financial services register number: 602381.
Our UK registered office address is: 7th Floor, 3 Hardman Street, Spinningfields, Manchester, M3 3HF. Companies House registration number: FC033034.
Our principal firm Protector Forsikring ASA is supervised by the Norwegian financial services regulator, Finanstilsynet. Organisation number: 985279721.
Registered office address: Aker Brygge, Støperigata 2, 0250 OSLO, Norway.
For more information on Protector Forsikring ASA, please refer to our website and/or the Oslo stock exchange: <https://www.protectorforsikring.no/#/om-protector/investor-relation/552>
https://www.oslobors.no/ob_eng/markedsaktivitet/

STATEMENT OF TRUTH:

Proceedings for contempt of court may be brought against anyone who makes or causes to be made a false statement in a witness statement verified by a statement of truth.

I believe that the facts stated in this Drivers Accident Summary are true. I have read and understood the declaration above.

Print Driver's Name		Date	
Driver's Signature		Date	

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