CUMFY BUS

OFFICE USE ONLY	
Cumfybus Ltd	Office Tel: 01704 227321
178A Cambridge Road	Policy No:
Southport, PR9 7LW	Claim No:

PLEASE COMPLETE ALL SECTIONS

ACCIDENT DETAILS	
Date & Time	Route
Road	Town
Did you take photos Y/N?	Is CCTV available Y/N?
Did the police attend Y/N?	Police Crime Number
Police Name & Collar No	Which Police Station
CUMFYBUS DRIVER DETAILS	
Name	
Date of birth	Date passed test
Previous accidents / convictions in past 5 years	
Any physical disabilities?	
CUMFYBUS VEHICLE DETAILS	
Make	Model
Registration No	
DAMAGE TO CUMFYBUS VEHICLE	
Is the vehicle still in use? Y/N	Is the vehicle unable to be driven? Y/N
Has the vehicle been recovered?	
Describe damage	
OTHER VEHICLES / PROPERTY	
DRIVER	
Mr / Mrs / Miss / Miss / Other	
Name	
Address	Postcode
Address	Home Tel No
Address	Mobile Tel No
Email Address	
VEHICLE	
Vehicle Reg No	Colour
Make	Model
Insurers	Policy No
Was the vehicle driven away or recovered?	
Was the vehicle driven away or recovered? Damage	
-	

FULL DESCRIPTION O	F ACCIDENT OR INCIDENT		
	F ACCIDENT OR INCIDENT cription of what happened	Sketch plan (inc road signs & markings)	
Speed of your vehicle Speed of other vehicl LIABILITY Who in your opinion	e		
NUMBER OF PASSENG	GERS		
	s in Cumfybus vehicle?		
	s in 3rd party vehicle?		
PASSENGERS		(continue on the passeng	ger list)
Name	Address inc Postcode	Tel 1 Tel 2 Injur	
OTHER WITNESSES Name	Address inc Postcode	Tel 1 Tel 2	
I confirm that this inj Signature	formation is accurate	Date	