SPILLAGE/CROSS OVER INCIDENT REPORT FORM

If you need more space to answer any of the questions, please use a separate sheet and attach it to this form.

Claim Reference:

Insured

Name	Policy Number	Renewal Date

Address		Yes	No
	Are you Registered for VAT?	☐	☐
	If yes are you able to recover VAT on the cost of repair or replacement?	☐	☐

Postcode	Telephone No.	Business of Insured/Client

Driver

Name	Age	Occupation

Mr/Mrs/Miss	Has the driver been:	Yes	No
	(a) Involved in a motor accident or claim in the past three years?	☐	☐
Address	(b) convicted of a driving offence in the last 5 years or have any prosecution pending?	☐	☐
	(c) any defect in vision or hearing or any physical or mental disability?	☐	☐
	If yes to (a), (b) or (c), please give full details		

Postcode	Telephone Number

Time Licence Held

A1	☐ HGV – Under 2 years	**A4**	☐ Car – Under 2 years
A2	☐ HGV – 2 years and over	**A5**	☐ Car – 2 years and over
A3	☐ Car - provisional	**A6**	☐ Not applicable/No licence

Driver Type

A1	☐ No driver e.g. parked	**A5**	☐ Child of Employee/Driver
A2	☐ Employee	**A6**	☐ Other Relative/Friend
A3	☐ Contract/Agency Driver	**A7**	☐ Thief
A4	☐ Spouse of Employee/Director	**A8**	☐ Other – please specify

Use

Private cars		Commercial Vehicles	
A1	☐ Business of Employer	**A3**	☐ Carriage of own goods
A2	☐ Social Domestic and pleasure	**A4**	☐ Carriage of third party goods for hire

Vehicle Type (Select the appropriate category – tick ONE box only)

Heavy Goods Vehicles and other Vehicles (Excluding Tankers)				
B1	☐ Flat bed lorry up to 10 ton	**B8**	☐ Forklift Truck	
B2	☐ Flat bed lorry 10 ton and over	**B9**	☐ Tractor	
B3	☐ Box van up to 10 ton	**B10**	☐ Crane	
B4	☐ Box van 10 ton and over	**B11**	☐ Caravan/Tent Trailer	
B5	☐ Light van up to 15 cwt	**B12**	☐ Trailer (Flat Bed* / Box*)	*delete as appropriate
B6	☐ Van 16-35 cwt	**B13**	☐ Motorcycle/Moped	
B7	☐ Van over 35 cwt	**B14**	☐ Other –please specify	

Tankers			
C1	☐ 7-10 ton	**C4**	☐ 19-24 ton
C2	☐ 11-13 ton	**C5**	☐ 25-29 ton
C3	☐ 14-18 ton	**C6**	☐ 30 ton and over

Vehicle Details

Make	Exact Model	Vehicle CC	Registration Number
Nature of Damage	**Approximate repair cost**	**Is Vehicle in Use?**	**If no, where is vehicle**

Are storage charges being incurred?	☐ Yes	☐ No	**State the nature of goods being hauled at the time of the incident**
Has motor engineer been instructed?	☐ Yes	☐ No	
Have repairs been authorised?	☐ Yes	☐ No	

Ownership

A1	☐ Owned	**A3**	☐ Hired
A2	☐ Leased	**A4**	☐ Loaned

Incident Details

Date	Time	Speed of Insured's vehicle	Speed of other vehicle
Place	**Purpose of Journey**	**Speed limit for road**	**What lights were in use?**
Weather Conditions	**Visibility**	**Were warning lights/horn/sirens used?**	**Road Conditions**

Incident Location

A1	☐ Multi-Storey car park	**A8**	☐ Private Road
A2	☐ Railway Station car park	**A9**	☐ Public Highway
A3	☐ Supermarket car park	**A10**	☐ Depot – Own Premises
A4	☐ Open public car park	**A11**	☐ Compound – Own Premises
A5	☐ Other car park	**A12**	☐ Work site – not own premises
A6	☐ Private garage	**A13**	☐ Other Please specify
A7	☐ Driveway or Other Area – Domestic Premises		

Police

Were Police Informed?	☐ Yes / ☐ No
Officer's No:	
Officer's Name	
At which station?	

Witnesses

Name	Address & Telephone Number

Incident Description (please attach, or forward separately, a diagram where possible)

Do you accept liability for this incident?	☐ Yes / ☐ No

Third Party Vehicle or Property

Owner's Name	Make and model of Vehicle	Registration number

Address	Insurance Company, Address and Policy No.
	Policy Number:
Drivers name and address if different	**Details of Damage**

Injured Persons

(Please provide as much information as possible, e.g. name, address, nature of injury and if in a vehicle, the registration number of the vehicle in which they were travelling.)

Cause of Loss (Select the appropriate category – tick ONE box only)

Hit By Third Party			
D1	☐ Hit from behind	**D5**	☐ TP reversed into insured
D2	☐ TP turned in front of insured	**D6**	☐ TP overtaking
D3	☐ TP failed to give way at junction	**D7**	☐ Damaged whilst parked
D4	☐ TP failed to give way at a roundabout	**D8**	☐ Other – please specify

Hit Third Party			
E1	☐ Hit vehicle in front	E7	☐ Load/Item fell from vehicle
E2	☐ Turned in front of TP	E8	☐ 'Sideswipe'
E3	☐ Failed to give way at junction	E9	☐ Jack knifed into TP
E4	☐ Failed to give way at roundabout	E10	☐ TP Injury – non collision
E5	☐ Reversed into TP	E11	☐ Other – please specify
E6	☐ Insured Overtaking		

Hit Person / Object / Animal			
G1	☐ Hit pedestrian	G7	☐ Weight damage to ground
G2	☐ Hit cyclist	G8	☐ Hit pothole/raised manhole
G3	☐ Hit parked vehicle	G9	☐ Hit rough/uneven ground
G4	☐ Hit Street Furniture e.g. lamp post	G10	☐ Hit overhead hazard/bridge
G5	☐ Hit fence/gate/wall	G11	☐ Hit animal
G6	☐ Damaged underground services	G12	☐ Other – TP property damaged

Other			
L1	☐ Lost control of vehicle	L5	☐ Vehicle defect
L2	☐ Blow out	L6	☐ Vandalism
L3	☐ Blown over	L7	☐ Crossover / driver error
L4	☐ Overturned	L8	☐ Spillage of product whilst loading / unloading

Spillage			
S1	☐ Customer Tank Overfill	S7	☐ Hose Gun Failure
S2	☐ Customer Tank Leak / Failure	S8	☐ Hose Gun Fell Out of Tank During Delivery
S3	☐ Customer Tank Gauge or Ancillary Equip Failure	S9	☐ Pipe Leak
S4	☐ Own Tank Overfill	S10	☐ Vehicle Loading
S5	☐ Own Tank Leak	S11	☐ Hose Split
S6	☐ Coupling Failure	S12	☐ Road Traffic Accident

Quantity of Product Lost?	Above or Below Ground?	Contained in the Bund /	Contained on Site?
Quantity Recovered?	**Quantity Lost off Site?**	**Clean up Contractors Instructed?**	**EA / Other Notified?**

Initial Actions By Insured:

Crossover			
X1	☐ Delivered to Incorrect Tank by Driver	X4	☐ Incorrect Delivery Point Identification
X2	☐ Loaded to Incorrect Pot by Driver	X5	☐ Loading Error by Refinery
X3	☐ Incorrect Order by Customer		

Quantity Contaminated?	Contamination Mix?	Uplift Arranged?	Contractor?

Initial Actions By Insured:

Declaration

To comply with the conditions of your policy no admission of liability or blame should be made either verbally or in writing. All documents concerning the incident should be sent to the company immediately and unanswered.

I/We declare that the above statements are true and complete to the best of my/our belief.

Signature of Policyholder: ______________________ Date: ____________

Print Name: ______________________

Signature of Driver (if different): ______________________ Date: ____________

Print Name: ______________________

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