



MOTOR ACCIDENT REPORT FORM

IMPORTANCE NOTICE

1. No Liability Is admitted by Issue of this form
2. Neither owner nor driver may admit fault or Liability for this Accident.
3. Do not answer communications about this Accident Direct these to the Insurance Company for Action
4. Please let us have an estimate of repair cost
5. Repairs must not be authorized without prior authority of the Insurance Company
6. All questions on this form must be answered

Insurers Claim No:

Broker ref. No.

REMEMBER: Incomplete answers will lead to delayed processing of your claim.

INSURED	Name _____ Tel. No. _____ Address _____ Business/Occupation _____								
POLICY	Number _____ Period of Insurance; From: _____ To: _____ Type of cover: comprehensive <input type="checkbox"/> TPF&T <input type="checkbox"/> TPO <input type="checkbox"/> Name of hire purchase or finance company (if any) _____								
VEHICLE	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Make & Model _____</td> <td style="width: 50%;">Year of manufacture _____</td> </tr> <tr> <td>Reg. No. of Vehicle _____</td> <td>Carrying capacity _____</td> </tr> <tr> <td>Reg. No. of trailer _____</td> <td>Capacity _____</td> </tr> <tr> <td colspan="2">Name and Address of Owner _____</td> </tr> </table>	Make & Model _____	Year of manufacture _____	Reg. No. of Vehicle _____	Carrying capacity _____	Reg. No. of trailer _____	Capacity _____	Name and Address of Owner _____	
Make & Model _____	Year of manufacture _____								
Reg. No. of Vehicle _____	Carrying capacity _____								
Reg. No. of trailer _____	Capacity _____								
Name and Address of Owner _____									
USE	State the EXACT PURPOSE for which the vehicle was being used at the time of the accident _____ _____ _____ _____								

COMMERCIAL VEHICLES

Description of goods being carried _____

Name of owner of goods _____

Was a trailer attached? _____

Weight of load on (a) Vehicle _____ (b) Trailer (s) _____

DRIVER'S DETAILS (even if the insured)

Name _____

Occupation _____ Date of Birth _____

Address _____ Tel No. _____

Is he/she employed by you? Yes No

How long has he/she been in your service? _____

Was he/she driving with your permission? Yes No

How long has he/she been driving motor vehicles? _____

Was he/she in any way to blame for the accident? Yes No

Did he/she admit liability? Yes No

Has he/she had any previous accidents? Yes No

If so, how many, an approximate date? _____

Has he any conviction for any offence in connection with any _____

motor vehicle or any charges pending? Yes No

if so, give details including dates _____

Does he/she hold a full or provisional license to drive this vehicle? Full Provisional

If full, state date when driving test first passed _____

Number _____

Does he/she own a Motor Vehicle? Yes No

If so, give name and address of Insurer _____

Driver's Policy No. _____

ACCIDENT

Date _____ Time _____ a.m./p.m.

Place _____

Type of road surface. _____

Visibility _____ Wet or Dry? _____

What lights were showing on your vehicle? _____

What warning did your driver give? _____

Estimate speed before accident _____

Weather condition _____

	<p>Did police take particulars?</p> <p>If so, give Constable's number and station</p> <p>To which police station was the accident reported?</p> <p>Attach copy Notice of Intended prosecution if any.</p>
PLAN OF ACCIDENT	<p>DRAW SKETCH Stating approximate measurements showing position of vehicle and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossing and any other information.</p>
STATEMENT BY DRIVER	<p>Signature of Driver _____</p>
STATEMENT BY THE OWNER OR INSURED	

--	--

DAMAGE TO INSURED VEHICLE	State briefly apparent damage _____ _____ _____ (IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER YOUR POLICY, PLEASE SEND AT ONCE TO THE COMPANY AN ESTIMATE FOR REPAIRS). Repairers name and address _____ Tel. No _____ Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> When and where can it be inspected? _____
----------------------------------	---

OTHER VEHICLE INVOLVED	Name and address of owner	Reg. No.	Name of insurer

DAMAGED PROPERTY	Name and address of owner	Property damaged

PERSONS INJURED	Name and address	Relationship to the insured	If Driver or Passenger Reg. No. of vehicle	Apparent injuries

INDEPENDENT WITNESSES	Name	Address		

PASSENGERS IN YOUR VEHICLE	Name	Address		

*I DECLARE that these particulars are true and correct and undertake to forward immediately
(and answered) any correspondence to this accident.*

Date _____ Name _____

Signature of Insured _____
(and stamp)

IMPORTANT

Please attach the following documents: -

- A copy of the insured's or drivers driving license
- The police abstract.
- Any other relevant documents.