



## 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.**

<b>INSURED</b>	Name _____  Tel. No. _____  Email Address _____  Address _____  Business/Occupation _____
<b>POLICY</b>	Number _____ Period of Insurance; From: _____ To: _____ Type of cover: <b>comprehensive</b> <input type="checkbox"/> <b>TPF&amp;T</b> <input type="checkbox"/> <b>TPC</b> <input type="checkbox"/> Name of hire purchase or finance company (if any) _____
<b>VEHICLE</b>	Make & Model _____ Year of manufacture _____ Reg. No. of Vehicle _____ Carrying capacity _____ Reg. No. of trailer _____ Capacity _____ Name and Address of Owner _____
<b>USE</b>	State the <b>EXACT PURPOSE</b> for which the vehicle was being used at the time of the accident  _____ _____ _____

<b>COMMERCIAL VEHICLES</b>	Description of goods being carried _____ Name of owner of goods _____ Was a trailer attached? _____ Weight of load on (a) Vehicle _____ (b) Trailer (s) _____

<b>DRIVER'S DETAILS (even if the insured)</b>	Name _____ Occupation _____ Date of Birth _____ Address _____ Tel No. _____ Is he/she employed by you? Yes <input type="checkbox"/> No <input type="checkbox"/> How long has he/she been in your service? _____ Was he/she driving with your permission? Yes <input type="checkbox"/> No <input type="checkbox"/> How long has he/she been driving motor vehicles? _____ Was he/she in any way to blame for the accident? Yes <input type="checkbox"/> No <input type="checkbox"/> Did he/she admit liability? Yes <input type="checkbox"/> No <input type="checkbox"/> Has he/she had any previous accidents? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> if so, give details Including dates _____ <hr/> Does he/she hold a full or provisional license to drive this vehicle? Full <input type="checkbox"/> Provisional <input type="checkbox"/> If full, state date when driving test first passed _____ Number _____ Does he/she own a Motor Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, give name and address of Insurer _____ <hr/> Driver's Policy No. _____
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<b>ACCIDENT</b>	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? _____
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	<p>Estimate speed before accident _____</p> <p>Weather condition _____</p> <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>
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<b>PLAN OF ACCIDENT</b>	<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>
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<b>STATEMENT BY DRIVER</b>	<p>Signature of Driver _____</p>
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<b>STATEMENT BY THE OWNER OR INSURED</b>	
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<b>DAMAGE TO INSURED VEHICLE</b>	State briefly apparent damage _____ _____ _____  <b>(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).</b>  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? _____
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<b>OTHER VEHICLE INVOLVED</b>	<b>Name and address of owner</b>	<b>Reg. No.</b>	<b>Name of insurer</b>

<b>DAMAGED PROPERTY</b>	<b>Name and address of owner</b>	<b>Property damaged</b>

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

<b>INDEPENDENT WITNESSES</b>	<b>Name</b>	<b>Address</b>	

<b>PASSENGERS IN YOUR VEHICLE</b>	<b>Name</b>	<b>Address</b>		

*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.