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| **To:**  Date:  **From :** Station:  Is during the emergency? (Y/N)  **Detail of the accident**:  **Staff of the ambulance**:-  1) **EVO : Employee Code ( )**  **2) EMA / EMT Employee Code ( )**  If any punishment to staff which is reported to P&C**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name & Signature**  **Fleet Department.**  Insurance company**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  Date of estimate approve**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  Date of delivery**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. **Signature of HOD**  Accident Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
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