

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

1. No liability under the policy is admitted by issue of this form.
 2. Neither owner nor driver must admit fault or liability.
 3. Do not answer communication about this accident, but send them to the insurers for consideration.
 4. Repairs must not be authorized without prior authority of the Insurers.
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POLICY HOLDER

- Name: _____ Telephone: _____
- Address: _____

POLICY

- Number: _____ Expiry Date: _____
- Name of Hire Purchase or Finance Company: _____

VEHICLE

- Make & Model: _____ HP/CC: _____ Year of Manufacture: _____
- Reg. No of Vehicle: _____ Carrying Capacity: _____
- Reg. No of Trailer: _____ Carrying Capacity: _____
(Attach a copy of the Logbook and Driving Licence)

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: _____

- Weight of load on (a): _____
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DRIVER

- Name: _____ Occupation: _____ Date of Birth: _____
 - Address: _____ Tel No: _____
 - Is he employed by you? _____ How long has he been in your service? _____
 - Was he driving with your permission? _____ How long has he been driving motor vehicles? _____
 - Was he in any way to blame for the accident? _____
 - Did he admit liability? _____
 - Has he had any previous accident? If so, how many, and approximate date(s): _____
 - Has he any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates: _____
 - Does he hold a full or provisional licence to drive the vehicle? _____
If full, state exact date, driving test first passed: _____
 - Licence No.: _____
 - Does he own a motor vehicle? _____ If so give name and address of Insurer, Driver's Policy No.: _____
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ACCIDENT

- Date: _____ Time: _____ AM/PM: _____ Place: _____
 - To which police station was the accident reported? _____
(Attach copy of Notice of Intended Prosecution if any)
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PLAN OF ACCIDENT

Draw sketch (stating measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information. (Use page provided).

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 insurers an estimate for repairs)
- Repairer's name and address: _____

- When and where can it be inspected? _____

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of owner Reg. No. Name of Insurer Other Property Damaged

PERSONS INJURED

Name and address	Relationship to the Policy Holder	If driver or passenger vehicle	Reg. No. of vehicle	Apparent injuries
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INDEPENDENT WITNESSES

Name Address

PASSENGERS IN YOUR VEHICLE

Name Address

I declare that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

DATE: _____

SIGNATURE OF POLICYHOLDER: _____

STATEMENT FORM

This part MUST be filled by the insured, the driver and any witness listed in the claim form. Reproduce this part where necessary.

- NAME: _____ ID NO: _____
- POSTAL CONTACTS: _____ TEL. CONTACTS: _____
- CELL NO: _____ EMAIL: _____
- DATE OF ACCIDENT: _____ DATE RECORDED: _____
- PLACE: _____ TIME: _____
- CLASS OF PERSON: (Insured, Driver, Witness) _____

Declaration: I declare the foregoing particulars to be a true account of the accident herein.

SIGNATURE: _____ DATE: _____