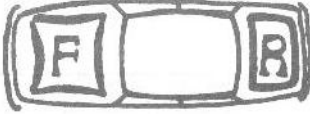


MOTOR VEHICLE ACCIDENT REPORT FORM

1. THE INSURED			
Name:		VAT/ Company Registration No.	
Home Address:		Tel No.:	
Business Address:		Tel No.:	
Occupation:		Date of Birth/ID No.:	Company Registration No.:
2. THE POLICY			
Policy No.:	Renewal Date:	Excess applicable: \$	
Coverage:	Type of coverage:	Insured Value: \$	
Is premium paid?	Do you have a Credit Arrangement?		
3. THE INSURED VEHICLE			
Registration No.:	Year:	C.C/ HP:	Engine No.:
Make & Model:			Chassis No.:
Is Vehicle:	Left Hand Drive:	Vehicle type:	If other type please specify:
Exactly what was vehicle being used for?			
Name of owner of the vehicle:			
Was the vehicle being used with owner's consent?			
Specify any mortgage/hire purchase agreement on your vehicle:			
How many passengers were being carried?		Were they fare paying?	
If 'other' please specify the number of passengers:			
If goods were being carried, state: a) Owner _____ b) Description _____			
4. THE DRIVER			
Name:			Male or Female?
Home Address:			Tel. No.:
Business Address:			Tel. No.:
Occupation:		Date of Birth/ID No.:	
Is the Driver employed by you?		State year license first issued::	
Driver's License No.: (Please attach Photocopy)		Date of Current issue:	
Type of License:		Date of Expiry:	
What is the relationship of the driver to the policy-holder?			
Has the Driver any motoring convictions/offences or license endorsements/suspensions?			Yes, provide details:
Has the Driver had any previous accidents?			If Yes, provide details:
Has the Driver ever been refused any type of insurance? If Yes, provide details:		Had the Driver been drinking alcohol/taking drugs? If Yes, provide details:	
Does the Driver own a vehicle?		Where is it insured?	
Has the Driver any physical infirmity, defective vision or hearing, or lost a limb or an eye?			If Yes, provide details:
5. THE ACCIDENT OR LOSS			
Date:	Time:	Place:	
Did the Police go to the scene?		Were measurements taken?	
Policeman's Name/No.:		Police Station to which reported:	
Was either party warned for prosecution (if so, whom)?			
Condition of road:		Weather conditions:	
What was your speed: a) before accident:		b) at the time of accident:	
Were your lights turned on?		Did you give any warning or signal?	
Whom do you consider responsible for the accident?			

6. DAMAGE TO THE INSURED VEHICLE				
State damage to the vehicle: (and indicate on drawing)		POINT OF IMPACT		
		Mark XXXX		
		DIRECTION OF IMPACT		
		Use Arrows →		
				
Where can vehicle be inspected?			Is vehicle still in use?	
Have you obtained an estimate for repairs: (if yes, please provide copy)				
7. PERSONS CONNECTED WITH THE ACCIDENT (AND PERSONAL INJURY)				
<i>Please provide the following information for all passengers in your vehicle:</i>				
Name				
Address				
Date of Birth				
Tel No				
Nature of Injuries				
Where were you treated				
<i>Please provide the following information for other persons injured or other witnesses to the accident:</i>				
Name				
Address				
Driver/Passenger/ Pedestrian				
Date of Birth				
Tel No				
Nature of Injuries				
Where were you treated				
8. OTHER VEHICLE CONNECTED WITH THE ACCIDENT				
Particulars	Vehicle 1	Vehicle 2	Vehicle 3	
Registration No:				
Make & Model:				
Name of Owner:				
Address:				
Name of Insurer:				
Tel No.:				
Driver's Name:				
I.D. No./Date of Birth:				
Address:				
Occupation:				
Tel. No.:				
Description of Damage:				

OTHER PROPERTY DAMAGE CONNECTED WITH THE ACCIDENT

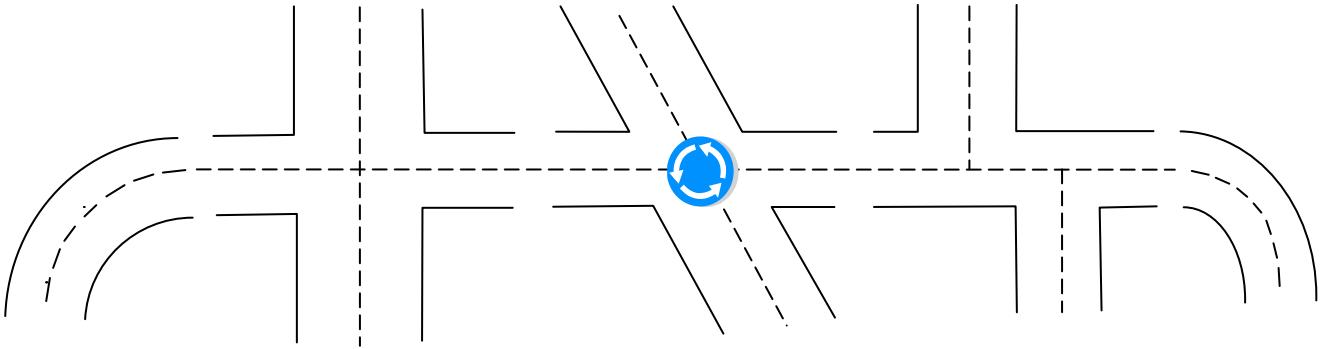
Name of Owner:			
Details of Damage:			

ALL COMMUNICATIONS RECEIVED FROM OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED TO US IMMEDIATELY. I/WE HEREBY DECLARE THAT THE FOREGOING PARTICULARS GIVEN BY ME/US ARE TRUE IN EVERY RESPECT.

OFFICIAL USE ONLY

	SEEN	COPIED	DATE
Driver's License:			_____ SIGNATURE OF POLICYHOLDER: _____
Certificate of Insurance:			
Identification Card:			
Sent to Database:			

DIAGRAM OF ACCIDENT



Instructions:

- (1) Use solid line to show path of vehicle before accident. → ➡
 ---→ ➡ Dotted line after accident
- (2) Number each vehicle and show direction of travel
- (3) Show motorcycle by ○-○
- (4) Show pedestrian by ○

STATEMENT (to be completed by Driver)

Give details of the accident or loss as it occurred.

In case of theft please advise engine number, colour of vehicle, special features and date time when theft was notified to Police

I/We hereby declare that the foregoing particulars by me/us are true in every respect.

Driver's signature: _____ I.D. No. _____ Date: _____

Insured's signature: _____ I.D. No. _____ Date: _____