



MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. No Liability is admitted by issuance of this form.
2. Neither owner nor driver may admit or Liability for this Accident
3. Do not answer communications about this Accident; Direct these to the insurance Company for Action
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurance Company.

INSURED	Name----- Tel No.----- Address----- Business/Occupation----- Email address ----- PIN no. -----
POLICY	Number-----Expiry Date----- Name of hire purchase or finance company-----
VEHICLE	Make & Model-----HP/CC----- Reg. No. of vehicle-----Carrying Capacity----- Reg No. Trailer-----Carrying 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	Name-----Occupation-----Date of birth----- Address----- -----Tel No. ----- Is he employed by you?-----How long has been in your service?----- Was he driving with your permission?-----How long has been driving motor vehicle?----- Was he in any way to blame for the Accident?-----Did he admit liability?----- Has he had previous accidents?-----If so, how many, and approximate date?----- ----- Has he any conviction for any offence in connection with any motor vehicle or any charges pending, ----- If so, details including dates----- Does he hold a full or provisional licence to drive this vehicle?----- If full, state date when driving test first passed-----Number----- Does he hold a motor vehicle ?-----If so, give name and address of insurer----- -----Driver's policy No.-----
ACCIDENT	Date-----Time-----am/pm. 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 conditions----- ----- Did Policy take particulars?-----If so, give constables number and station----- ----- To which Police Station was the accident reported?-----

	Attach copy Notice of intended prosecution if any/-----			
PLAN OF ACCIDENT	Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information.			
STATEMENT BY DRIVER	Signature of Driver-----			
STATEMENT BY OWNER OR INSURED				
DAMAGE TO INSURED VEHICLE	State briefly apparent damage----- ----- (in all cases where your vehicle is damage and you are entitled to claim under your policy, please send at once to the Company an estimate for repairs,----- Repairer's name and address----- -----Tel No. ----- Is the vehicle still in use?-----When and where can it be inspected?-----			
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and address of the owner	Reg No.	Name and Insurer	Other Property Damage
	Name and Address of the Driver:-			
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 unanswered) any correspondence relating to this accident. Date í í í í í í í í í .Signature of Insuredí í í í í í í í í í í í í í			