



INSURED MOTOR ACCIDENT REPORT FORM

INSURED

Name: Date of birth:
 Home Address: Phone:
 Business/ Occupation: Employer:
 Business Address: Phone:

PARTICULARS OF INSURANCE

Policy No.: Renewal Date: Period of Cover:
 Type of Cover: Is there any other policy in force covering this vehicle?
 State whether or not a Valuation/ Inspection was done at renewal/inception. If yes, by whom?

VEHICLE

Year: Make: Model/ Type:
 Registration No..... Colour: Current Mileage:
 Was there any unrepaired damage? If so, give details:
 Type of Road License: i.e. Private, Taxi, Trailer, Motor Cycle, Goods, etc.....
 Name and Address of any Bank or Company financially interested in the vehicle:

PARTICULARS OF USE

State purpose for which the vehicle was being used at the time of the accident. (Be specific):

 Were goods being carried?
 If so, state the nature of the goods and weight of the load:
 How many persons including the driver were in the vehicle? Were they charged a fee to be transported?.....
 If the vehicle was being driven by a person other than the Insured, with whose authority was it being used?

 What is the relationship of the driver with the Policyholder?
 Was the Policyholder in the vehicle when the accident took place?.....

DRIVER

Driver's Name: Date of birth:

Address: Phone:

Occupation (Specify): Employer/Business:

Driver's License No: Date issued: Type of License:

Classes of vehicles specified in the license:

Is Driver employed by Insured? Yes No

Have you ever been convicted of any motor vehicle offence?

If so, give full particulars:

Do you think you were at fault in this accident? Yes No

Were you wearing your seatbelt Yes No

Have you suffered from Diabetes, Fits or any Heart complaint or any physical or mental defect or illness?.....

If so, give full particulars:

Has any Insurance Company or Underwriter refused or declined to continue any motor insurance for you?

ACCIDENT

Date of accident: Time: A.M/P.M.

Place where the accident occurred

Was the accident reported to the Police? Yes No If yes, please state

Date reported: Time: A.M/P.M.

(a) Police present at the scene Yes No

(b) Address of Police Station

(c) Name and Number of Investigating Officer

(d) Were you warned for prosecution?

(e) Was the other Driver warned for prosecution?

Approximate speed of vehicle at time of accident: M.P.H.

What Lamps were lit on the vehicle?

Was the visibility good?

Was the pavement wet?

PARTICULARS OF DAMAGE TO OWN VEHICLE

Was the vehicle damaged?

If so, state:

(a) Nature of damage

(b) What is the approximate cost of the repairs (Attach Estimate).....

(c) Where is the vehicle now?

(d) Who are the repairers?

In every instance where your property sustains damage or there is personal injury, and you have the right to file a claim under the policy, kindly submit promptly to the company an evaluation of repair costs (estimate), medical reports, and medical expenses.

PASSENGERS IN INSURED'S VEHICLE

Name	Address	Occupation	Relationship to Insured

PARTICULARS OF THIRD PARTIES

If any pedestrian, cyclist or property involved, please state:

- (a) Name and address
- (b) Nature of injury, if any.....
- (c) Damage to cycle.....
- (d) Damage to property.....

If other vehicles were involved, please state:

- Registration No..... Type of vehicle.....
- Owner's name and address.....
- Driver's name and address.....
- Insurance Company..... Nature of damage.....
- Approximate cost of repair (Attach Estimate)
- How many passengers were in the vehicle?
- Were the persons in the vehicle injured?

- 2.** Registration No..... Type of vehicle.....
- Owner's name and address.....
- Driver's name and address.....
- Insurance Company..... Nature of damage.....
- Approximate cost of repair (Attach Estimate)
- How many passengers were in the vehicle?
- Were the persons in the vehicle injured?

WITNESSES

(a) Name, Contact Info and Address of all persons in your Vehicle other than the person driving.

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(b) Name, Contact Info and Address of all independent witnesses

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DID THE DRIVER OR OWNER SIGN A WRITTEN ADMISSION OF LIABILITY? Yes No

CLAIMS

Has any claim been made upon you?.....

PLEASE DRAW A SKETCH OF THE POST COLLISION POSITION OF THE VEHICLES

- (A) Your Vehicle
- (B) Other Vehicle
- (C) Point of Impact