

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.

POLICY HOLDER	Name: _____ Telephone: _____ Address: _____ Business/Occupation: _____
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 _____ Was 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 he been in your service? _____ Was he driving with your permission? _____ How long has he been driving motor vehicles? _____ Was he in anyway 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 of 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.: _____
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? _____ Estimated speed before accident: _____ Weather Conditions: _____ Did Police take particulars? _____ If so, give Constable's No. and Station _____ To which police station was the accident reported? _____ Attach copy of Notice of Intended Prosecution if any.

PLAN OF ACCIDENT	<p>Draw sketch (stating measurements) showing position of vehicles and persons concerned and the direction in which they were traveling.</p> <p>Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information. (Use page provided).</p>																							
DAMAGE TO INSURED VEHICLE	<p>State briefly apparent damage: _____</p> <p>_____</p> <p>(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)</p> <p>Repairer's name and address: _____</p> <p>_____</p> <p>Tel No: _____ Is vehicle still in use? _____</p> <p>When and where can it be inspected? _____</p>																							
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Name and address of owner</th> <th style="width:10%;">Reg. No.</th> <th style="width:25%;">Name of Insurer</th> <th style="width:20%;">Other Property Damaged</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and address of owner	Reg. No.	Name of Insurer	Other Property Damaged																
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I declare that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

DATE: _____ **SIGNATURE OF POLICYHOLDER:** _____

Sketch

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

STATEMENT FORM

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:.....